

FORM **SIPP-4900**
(11-19-85)U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS**SURVEY OF INCOME
AND PROGRAM
PARTICIPATION****1984 PANEL****WAVE 9 QUESTIONNAIRE**
WAVE 2 QUESTIONNAIRE**NOTICE** — Your report to the Census Bureau is **confidential** by law (title 13, U.S. Code). It may be seen only by sworn Census employees and may be used only for statistical purposes.

PGM 6	1. Book _____ of _____	2. (cc 1) R.O. code ____	3a. (cc 2) PSU Segment Serial ____	b. (cc 3) Add. ID ____
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4. (cc 17) a. Entry Add. ID ____	c. Name (cc 19a) Last _____ First, middle _____ Maiden _____
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5. PERSON CHARACTERISTICS — Fill a, b, c, and d using the control card			
a. Relationship code (cc 19b) ____	b. Date of birth (cc 24) Month Day Year ____	c. Sex code (cc 28) ____	d. Marital status code (cc 26a) ____

6. Interviewer identification	
Code ____	Name _____

7. PERSON INTERVIEW STATUS**a. Interview**

- 1 ☐ Self — *SKIP to 8*
2 ☐ Proxy — *Fill 7b*

b. Person number of proxy____ — *SKIP to 8***c. Noninterview**

- 1 ☐ Type Z refusal
2 ☐ Type Z other

8. Date of interview for this person____ Month ____ Day } *Fill start time in 9a, then go to Introduction***9a. Interview time for this person**

	Initial visit	Callback visit
Start time →	a.m. _____	a.m. _____
	p.m. _____	p.m. _____
Finish time →	a.m. _____	a.m. _____
	p.m. _____	p.m. _____

b. Total interview time for this person

____ Minutes

10a. Interviewer time for clerical review

Start time →	a.m. _____
	p.m. _____
Finish time →	a.m. _____
	p.m. _____

b. Total interviewer time for clerical review

____ Minutes

11a. Pre-interview transcription time

Start time →	a.m. _____
	p.m. _____
Finish time →	a.m. _____
	p.m. _____

b. Total pre-interview time for transcription

____ Minutes

12. 1 ☐ Phone interview — Specify reason**CHECK ITEM N1**

Does ...'s person number begin with "9"?

PGM 7**0900**

- 1 ☐ Yes
2 ☐ No — *SKIP to section 1, item 1*

CHECK ITEM N2

Was ... missed when household members were listed for wave 1?

0901

- 1 ☐ Yes — *SKIP to section 1, item 1*
2 ☐ No

MONTH OF INTERVIEW

REFERENCE DATE

April 1986	December 1, 1983
May 1986	January 1, 1984
June 1986	October 1, 1983
July 1986	November 1, 1983

13a. We need to know where ... was living on (Read appropriate reference date). Was ... living in any of the kinds of places listed on this card (Show Flashcard U)?**0902**

- 1 ☐ Yes x1 ☐ DK } *SKIP to 14*
2 ☐ No — *SKIP to 14* x2 ☐ Ref.

ASK OR VERIFY —

b. Which code on this card represents the kind of place ... was living in on (Read appropriate reference date)?**0904**

- 1 ☐ Armed Forces barracks } *SKIP to section 1, item 1*
2 ☐ Outside the United States
3 ☐ Nonhousehold setting

14. Was ... living alone on (Read appropriate reference date)?**0906**

- 1 ☐ Yes — *SKIP to section 1, item 1* 2 ☐ No

15. How many people was ... living with on (Read appropriate reference date)?**0908**

____ Enter number of persons

16. Was ... the owner or renter of the residence where ... was living on (Read appropriate reference date)?**0910**

- 1 ☐ Yes — *SKIP to section 1, item 1* 2 ☐ No

17. How is ... related to the person who owned or rented the residence where ... was living on (Read appropriate reference date)?**0912**

- | | |
|--------------------------------------------------------|-------------------------------------------|
| 1 <input type="checkbox"/> Husband | 4 <input type="checkbox"/> Parent |
| 2 <input type="checkbox"/> Wife | 5 <input type="checkbox"/> Brother/Sister |
| 3 <input type="checkbox"/> Own child (son or daughter) | 6 <input type="checkbox"/> Other relative |
| | 7 <input type="checkbox"/> Non-relative |

INTRODUCTION**INTERVIEWER INSTRUCTIONS** — Read introduction once to each respondent. Do not repeat to another respondent who was in the room when you earlier read the introduction.

(As I described during my last visit) This survey is about the economic situation of people living in the United States. Most of the questions will be about ...'s activities during _____, _____, and _____.

Here is a calendar that shows the 4 months we will be talking about. (Hand respondent Flashcard J.) This time period is very important, so if you have any questions about what period is being referred to during the interview, please ask me.

We need the most accurate and complete information possible. Please think carefully about each question, search your memory and take your time in answering. For some of the questions it will help to look up the answers by checking whatever records are available to you here. (GO TO CHECK ITEM N1.)

Section 1 — LABOR FORCE AND RECIPIENCY

(SHOW FLASHCARD J) 1. During the 4-month period outlined on this calendar, that is, from (4 months ago) thru (Last month), did . . . have a job or business, either full time or part time, even for only a few days? <i>Mark "Yes" for active duty in the Armed Forces, any temporary or part-time work, and work without pay in a family business or farm.</i>		PGM 7 1000	1 <input type="checkbox"/> Yes — Mark "Worked" (code 170) on ISS and SKIP to 4 2 <input type="checkbox"/> No																																							
2a. Even though . . . did not have a job during this period, did . . . spend any time looking for work or on layoff from a job?		1002	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 3a																																							
b. Please look at the calendar. In which weeks was . . . looking for work or on layoff from a job? <i>Mark (X) all that apply.</i>		1004	x5 <input type="checkbox"/> ALL <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; vertical-align: top;"> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="text-align: center;">1006</td><td style="text-align: center;"><input type="checkbox"/> 1</td></tr> <tr><td style="text-align: center;">1008</td><td style="text-align: center;"><input type="checkbox"/> 2</td></tr> <tr><td style="text-align: center;">1010</td><td style="text-align: center;"><input type="checkbox"/> 3</td></tr> <tr><td style="text-align: center;">1012</td><td style="text-align: center;"><input type="checkbox"/> 4</td></tr> <tr><td style="text-align: center;">1014</td><td style="text-align: center;"><input type="checkbox"/> 5</td></tr> <tr><td style="text-align: center;">1016</td><td style="text-align: center;"><input type="checkbox"/> 6</td></tr> </table> </td> <td style="width: 33%; 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c. Could . . . have taken a job during any of those weeks if one had been offered?		1042	1 <input type="checkbox"/> Yes — SKIP to Check Item R1 2 <input type="checkbox"/> No																																							
d. What was the main reason . . . could not take a job during those weeks? <i>Mark (X) only one.</i>		1044	1 <input type="checkbox"/> Already had a job 2 <input type="checkbox"/> Temporary illness 3 <input type="checkbox"/> School 4 <input type="checkbox"/> Other — Specify _____																																							
CHECK ITEM R1 Refer to item 2b. Is the "ALL" box marked in 2b?		1046	1 <input type="checkbox"/> Yes — SKIP to 9a, page 4 2 <input type="checkbox"/> No — SKIP to 3b																																							
3a. Were there any weeks in the 4-month period when . . . wanted a job?		1048	1 <input type="checkbox"/> Yes — SKIP to 3c 2 <input type="checkbox"/> No — SKIP to Check Item R6, page 4																																							
b. I have recorded that there were weeks that . . . did not work or look for work. Did . . . want a job in those weeks?		1050	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 9a, page 4																																							
c. Could . . . have taken a job in those weeks if one had been offered?		1052	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 9a, page 4																																							
d. During the weeks that . . . wanted a job but was not looking for one, what was the main reason . . . was not looking? <i>Mark (X) only one.</i>		1054	<table style="width: 100%; border: none;"> <tr><td style="width: 33%;">1 <input type="checkbox"/> Believes no work available in line of work or area</td><td rowspan="11" style="width: 5%; text-align: center; vertical-align: middle;">}</td><td rowspan="11" style="width: 10%; vertical-align: middle;">SKIP to 9a, page 4</td></tr> <tr><td>2 <input type="checkbox"/> Couldn't find any work</td></tr> <tr><td>3 <input type="checkbox"/> Lacks necessary schooling, training, skills, or experience</td></tr> <tr><td>4 <input type="checkbox"/> Employers think too young or too old</td></tr> <tr><td>5 <input type="checkbox"/> Other personal handicap in finding job</td></tr> <tr><td>6 <input type="checkbox"/> Can't arrange child care</td></tr> <tr><td>7 <input type="checkbox"/> Family responsibilities</td></tr> <tr><td>8 <input type="checkbox"/> In school or other training</td></tr> <tr><td>9 <input type="checkbox"/> Ill health, physical disability</td></tr> <tr><td>10 <input type="checkbox"/> Other — Specify _____</td></tr> <tr><td>x1 <input type="checkbox"/> DK</td></tr> </table>	1 <input type="checkbox"/> Believes no work available in line of work or area	}	SKIP to 9a, page 4	2 <input type="checkbox"/> Couldn't find any work	3 <input type="checkbox"/> Lacks necessary schooling, training, skills, or experience	4 <input type="checkbox"/> Employers think too young or too old	5 <input type="checkbox"/> Other personal handicap in finding job	6 <input type="checkbox"/> Can't arrange child care	7 <input type="checkbox"/> Family responsibilities	8 <input type="checkbox"/> In school or other training	9 <input type="checkbox"/> Ill health, physical disability	10 <input type="checkbox"/> Other — Specify _____	x1 <input type="checkbox"/> DK																										
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x1 <input type="checkbox"/> DK																																										
4. Did . . . have a job or business, either full or part time, during EACH of the weeks in this period? <i>Note that the person did not have to work each week.</i>		1056	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 6a																																							
5a. Was . . . absent without pay from . . . 's job or business for any FULL weeks during the 4-month period?		1058	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 8a, page 4																																							
b. Please look at the calendar. In which weeks was . . . absent without pay? <i>Mark (X) all that apply.</i>		1060	x5 <input type="checkbox"/> ALL <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; vertical-align: top;"> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="text-align: center;">1062</td><td style="text-align: center;"><input type="checkbox"/> 1</td></tr> <tr><td style="text-align: center;">1064</td><td style="text-align: center;"><input type="checkbox"/> 2</td></tr> <tr><td style="text-align: center;">1066</td><td style="text-align: center;"><input type="checkbox"/> 3</td></tr> <tr><td style="text-align: center;">1068</td><td style="text-align: center;"><input type="checkbox"/> 4</td></tr> <tr><td style="text-align: center;">1070</td><td style="text-align: center;"><input type="checkbox"/> 5</td></tr> <tr><td style="text-align: center;">1072</td><td style="text-align: center;"><input type="checkbox"/> 6</td></tr> </table> </td> <td style="width: 33%; vertical-align: top;"> <table border="1" style="width: 100%; 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c. What was the main reason . . . was absent from . . . 's job or business during those weeks? <i>Mark (X) only one.</i>		1098	<table style="width: 100%; border: none;"> <tr><td style="width: 33%;">1 <input type="checkbox"/> On layoff</td><td rowspan="7" style="width: 5%; text-align: center; vertical-align: middle;">}</td><td rowspan="7" style="width: 10%; vertical-align: middle;">SKIP to 8a, page 4</td></tr> <tr><td>2 <input type="checkbox"/> Own illness</td></tr> <tr><td>3 <input type="checkbox"/> On vacation</td></tr> <tr><td>4 <input type="checkbox"/> Bad weather</td></tr> <tr><td>5 <input type="checkbox"/> Labor dispute</td></tr> <tr><td>6 <input type="checkbox"/> New job to begin within 30 days</td></tr> <tr><td>7 <input type="checkbox"/> Other — Specify _____</td></tr> </table>	1 <input type="checkbox"/> On layoff	}	SKIP to 8a, page 4	2 <input type="checkbox"/> Own illness	3 <input type="checkbox"/> On vacation	4 <input type="checkbox"/> Bad weather	5 <input type="checkbox"/> Labor dispute	6 <input type="checkbox"/> New job to begin within 30 days	7 <input type="checkbox"/> Other — Specify _____																														
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Section 1 — LABOR FORCE AND RECIPIENCY (Continued)

LABOR FORCE AND RECIPIENCY

(SHOW FLASHCARD J)

6a. Please look at the calendar. In which weeks did ... have a job or business?

Mark (X) calendar below, "With a job or business." AND then mark appropriate box(es).

1100	<input type="checkbox"/> 1	1112	<input type="checkbox"/> 7	1124	<input type="checkbox"/> 13
1102	<input type="checkbox"/> 2	1114	<input type="checkbox"/> 8	1126	<input type="checkbox"/> 14
1104	<input type="checkbox"/> 3	1116	<input type="checkbox"/> 9	1128	<input type="checkbox"/> 15
1106	<input type="checkbox"/> 4	1118	<input type="checkbox"/> 10	1130	<input type="checkbox"/> 16
1108	<input type="checkbox"/> 5	1120	<input type="checkbox"/> 11	1132	<input type="checkbox"/> 17
1110	<input type="checkbox"/> 6	1122	<input type="checkbox"/> 12	1134	<input type="checkbox"/> 18

b. Of those weeks that ... had a job or business, was ... absent from work for any full weeks without pay?

1136 1 ☐ Yes
2 ☐ No — SKIP to 7a

c. In which weeks was ... absent without pay?

1138	<input type="checkbox"/> 1	1150	<input type="checkbox"/> 7	1162	<input type="checkbox"/> 13
1140	<input type="checkbox"/> 2	1152	<input type="checkbox"/> 8	1164	<input type="checkbox"/> 14
1142	<input type="checkbox"/> 3	1154	<input type="checkbox"/> 9	1166	<input type="checkbox"/> 15
1144	<input type="checkbox"/> 4	1156	<input type="checkbox"/> 10	1168	<input type="checkbox"/> 16
1146	<input type="checkbox"/> 5	1158	<input type="checkbox"/> 11	1170	<input type="checkbox"/> 17
1148	<input type="checkbox"/> 6	1160	<input type="checkbox"/> 12	1172	<input type="checkbox"/> 18

d. What was the main reason ... was absent from ...'s job or business during those weeks?

Mark (X) only one.

1174 1 ☐ On layoff
2 ☐ Own illness
3 ☐ On vacation
4 ☐ Bad weather
5 ☐ Labor dispute
6 ☐ New job to begin within 30 days
7 ☐ Other — Specify

7a. I have marked that there were some weeks in this period in which ... did NOT have a job or business. During that week or weeks did ... spend any time looking for work or on layoff?

1176 1 ☐ Yes
2 ☐ No — SKIP to 7e

b. In which of these weeks was ... looking for work or on layoff from a job?

Mark (X) calendar below, "Looking for work or on layoff" AND then mark appropriate box(es).

1178 x5 ☐ All weeks without a job

1180	<input type="checkbox"/> 1	1192	<input type="checkbox"/> 7	1204	<input type="checkbox"/> 13
1182	<input type="checkbox"/> 2	1194	<input type="checkbox"/> 8	1206	<input type="checkbox"/> 14
1184	<input type="checkbox"/> 3	1196	<input type="checkbox"/> 9	1208	<input type="checkbox"/> 15
1186	<input type="checkbox"/> 4	1198	<input type="checkbox"/> 10	1210	<input type="checkbox"/> 16
1188	<input type="checkbox"/> 5	1200	<input type="checkbox"/> 11	1212	<input type="checkbox"/> 17
1190	<input type="checkbox"/> 6	1202	<input type="checkbox"/> 12	1214	<input type="checkbox"/> 18

c. Could ... have taken a job during those weeks if one had been offered?

1216 1 ☐ Yes — SKIP to Check Item R2
2 ☐ No

d. What was the main reason ... could not take a job during those weeks?

1218 1 ☐ Already had a job
2 ☐ Temporary illness
3 ☐ School
4 ☐ Other — Specify

CHECK ITEM R2

Refer to the Labor Force Calendar, below. Is each week of the 4-month period marked as "With a job or business" or "Looking for work or on layoff"?

1220 1 ☐ Yes — SKIP to 8a
2 ☐ No — SKIP to 7f

7e. Did ... want a job in those weeks when ... did not have one?

1222 1 ☐ Yes — SKIP to 7g
2 ☐ No — SKIP to 8a

f. I have marked that there were weeks in this period when ... did not have a job and was not looking for a job. Did ... want a job in those weeks? If necessary, refer to Labor Force calendar.

1224 1 ☐ Yes
2 ☐ No — SKIP to 8a

g. Could ... have taken a job during those weeks if one had been offered?

1226 1 ☐ Yes
2 ☐ No — SKIP to 8a

LABOR FORCE CALENDAR — Use when item 4 is marked "No"

WEEK →	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
With a job or business. Mark for item 6a.																		
Looking for work or on layoff (and without a job or business.) Mark for item 7b.																		

Section 1 — LABOR FORCE AND RECIPIENCY (Continued)

7h. During the weeks that . . . wanted a job but was not looking for one, what was the main reason . . . was not looking?

Mark (X) only one.

1228

- 1 ☐ Believes no work available in line of work or area
- 2 ☐ Couldn't find any work
- 3 ☐ Lacks necessary schooling, training, skills, or experience
- 4 ☐ Employers think too young or too old
- 5 ☐ Other personal handicap in finding job
- 6 ☐ Can't arrange child care
- 7 ☐ Family responsibilities
- 8 ☐ In school or other training
- 9 ☐ Ill health, physical disability
- 10 ☐ Other — Specify _____
- X1 ☐ DK

8a. In the weeks that . . . worked during the 4-month period, how many hours did . . . usually work per week?

1230

- Hours per week
- X3 ☐ None } SKIP to Check Item R4
- X1 ☐ DK

**CHECK
ITEM R3**

Refer to item 8a.
Did . . . usually work 35 or more hours per week?

1232

- 1 ☐ Yes
- 2 ☐ No — SKIP to 8c

8b. Did . . . work fewer than 35 hours in any of the weeks that . . . worked during this period? Exclude time off WITH PAY because of holidays, vacation, days off or sickness.

1234

- 1 ☐ Yes
- 2 ☐ No — SKIP to Check Item R4

c. In how many weeks did . . . work fewer than 35 hours during this 4-month period?

1236

- X5 ☐ All
- Weeks

d. What was the main reason . . . worked fewer than 35 hours in those weeks?

Mark (X) only one.

1238

- 1 ☐ Could not find a full-time job
- 2 ☐ Wanted to work part time
- 3 ☐ Health condition or disability
- 4 ☐ Normal working hours are fewer than 35 hours
- 5 ☐ Slack work or material shortage
- 6 ☐ Other — Specify _____

**CHECK
ITEM R4**

Refer to item 5a, page 2.
The response to item 5a is:

1239

- 1 ☐ Yes (or blank)
- 2 ☐ No — SKIP to Check Item R5

9a. During this 4-month period, did . . . receive any State unemployment compensation payments?

1240

- 1 ☐ Yes — Mark "5" on ISS
- 2 ☐ No — SKIP to Check Item R5

b. During this period, did . . . also receive any Supplemental Unemployment Benefits (SUB)?

1242

- 1 ☐ Yes — Mark "6" on ISS
- 2 ☐ No

**CHECK
ITEM R5**

Is "Worked" marked on the ISS?

1244

- 1 ☐ Yes
- 2 ☐ No — SKIP to Check Item R6

10. During this 4-month period did . . . receive any money from worker's compensation for any kind of job-related illness or injury?

1246

- 1 ☐ Yes — Mark "10" on ISS
- 2 ☐ No

**CHECK
ITEM R6**

Was an interview obtained for . . . last reference period?

1248

- 1 ☐ Yes
- 2 ☐ No — SKIP to Check Item R11, page 6

**CHECK
ITEM R7**

Are any income types listed in the Income Roster?

1250

- 1 ☐ Yes
- 2 ☐ No — SKIP to 12a

NOTES

Section 1 – LABOR FORCE AND RECIPIENCY (Continued)

11a. According to the information we obtained last time, . . . had received (Read income types in 11b, column (2)) during (8 months ago) through (5 months ago). Was this information recorded correctly?

1251

1 ☐ Yes

2 ☐ No – Resolve problems and make appropriate entries in 11b, column (5)

Ask 11c

b. INCOME ROSTER

Line No. (1)	Income type (2)	Income code (3)	This reference period (4)	Previous reference period (5)	
				Should not have been listed	Was not listed; should have been
1		1252 <input type="checkbox"/>	1254 1 <input type="checkbox"/> Yes – Mark ISS 2 <input type="checkbox"/> No	1255 1 <input type="checkbox"/>	2 <input type="checkbox"/>
2		1256 <input type="checkbox"/>	1258 1 <input type="checkbox"/> Yes – Mark ISS 2 <input type="checkbox"/> No	1259 1 <input type="checkbox"/>	2 <input type="checkbox"/>
3		1260 <input type="checkbox"/>	1262 1 <input type="checkbox"/> Yes – Mark ISS 2 <input type="checkbox"/> No	1263 1 <input type="checkbox"/>	2 <input type="checkbox"/>
4		1264 <input type="checkbox"/>	1266 1 <input type="checkbox"/> Yes – Mark ISS 2 <input type="checkbox"/> No	1267 1 <input type="checkbox"/>	2 <input type="checkbox"/>
5		1268 <input type="checkbox"/>	1270 1 <input type="checkbox"/> Yes – Mark ISS 2 <input type="checkbox"/> No	1271 1 <input type="checkbox"/>	2 <input type="checkbox"/>
6		1272 <input type="checkbox"/>	1274 1 <input type="checkbox"/> Yes – Mark ISS 2 <input type="checkbox"/> No	1275 1 <input type="checkbox"/>	2 <input type="checkbox"/>
7		1276 <input type="checkbox"/>	1278 1 <input type="checkbox"/> Yes – Mark ISS 2 <input type="checkbox"/> No	1279 1 <input type="checkbox"/>	2 <input type="checkbox"/>
8		1280 <input type="checkbox"/>	1282 1 <input type="checkbox"/> Yes – Mark ISS 2 <input type="checkbox"/> No	1283 1 <input type="checkbox"/>	2 <input type="checkbox"/>

c. During the past 4 months, that is _____, and _____, did . . . get income from (Read income types in 11b, column (2))?

MARK (X) APPROPRIATE BOX IN ITEM 11b, COLUMN (4) FOR EACH INCOME TYPE LISTED.

12a. During this 4-month period, did . . . get any income from the Federal Government (that we haven't talked about)?

1284

1 ☐ Yes

2 ☐ No – SKIP to 13a

b. What was it called?

Anything else?

Mark (X) all that apply.

1286

1 ☐ Social Security – Mark "1" on ISS

1288

2 ☐ Federal Supplemental Security Income (Federal SSI) – Mark "3" on ISS

1290

3 ☐ A serviceman's or widow's pension from the Veterans Administration (VA) – Mark "8" on ISS

1292

4 ☐ Anything else – Mark appropriate code on ISS and specify

1294 ☐

13a. During this 4-month period, did . . . receive any (other) pension, disability, retirement, or survivor income (that we haven't talked about)?

1296

1 ☐ Yes

2 ☐ No – SKIP to Check Item R8

b. What was the source of this income?

Anything else?

Mark (X) all that apply.

1298

1 ☐ U.S. Government Railroad Retirement – Mark "2" on ISS

1300

2 ☐ Black Lung payments – Mark "9" on ISS

1302

3 ☐ Worker's Compensation – Mark "10" on ISS

1304

4 ☐ Payments from a sickness, accident or disability insurance policy purchased on your own – Mark "13" on ISS

1306

5 ☐ Pension from company or union – Mark "30" on ISS

1308

6 ☐ Federal Civil Service or other Federal civilian employee pension – Mark "31" on ISS

1310

7 ☐ U.S. Military retirement pay (exclude payments from the Veterans Administration) – Mark "32" on ISS

1312

8 ☐ National Guard or Reserve Forces retirement – Mark "33" on ISS

1314

9 ☐ State government pension – Mark "34" on ISS

1316

10 ☐ Local government pension – Mark "35" on ISS

1318

11 ☐ Income from paid-up life insurance policies or annuities – Mark "36" on ISS

1320

12 ☐ Other or DK – Specify and enter code from income source list. If income type is not listed or DK, enter code "38" – Mark ISS.

1322 ☐

CHECK ITEM R8

Is "Medicare" marked for . . . on cc item 47?

1324

1 ☐ Yes – Mark "172" on ISS and SKIP to Check Item R23, page 8

2 ☐ No

Section 1 — LABOR FORCE AND RECIPIENCY (Continued)

CHECK ITEM R9	Is "Disabled" marked for . . . on cc item 47?	1326	1 <input type="checkbox"/> Yes — Mark "171" on ISS and SKIP to 23a, page 8 2 <input type="checkbox"/> No
CHECK ITEM R10	Is . . . 65 years of age or over?	1328	1 <input type="checkbox"/> Yes — SKIP to 23a, page 8 2 <input type="checkbox"/> No — SKIP to Check Item R23, page 8
CHECK ITEM R11	Refer to cc item 32a. Is . . . a veteran of the U.S. Armed Forces? Mark "No" if currently in Armed Forces ("Yes" marked in cc item 32c)	1330	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to Check Item R12
14a. How long did . . . serve on active duty in the Armed Forces?		1332	1 <input type="checkbox"/> Less than 6 months 2 <input type="checkbox"/> 6 to 23 months 3 <input type="checkbox"/> 2 to 19 years 4 <input type="checkbox"/> 20 or more years x1 <input type="checkbox"/> DK
b. Does . . . have a service connected disability; that is, a health condition or impairment caused or made worse by military service?		1334	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } SKIP to 14d
c. What is . . . 's VA percent disability rating? Use the following probe if needed: (Such as 0, 10, 20, 30, 40, 50, 60, 70, 80, 90, 100%)		1336	<input type="text"/> <input type="text"/> <input type="text"/> x3 <input type="checkbox"/> 0% x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. 101 <input type="checkbox"/> No rating
d. During this 4-month period did . . . receive pension or compensation payments from the Veterans Administration? (Exclude regular military retirement pay, insurance proceeds, and GI Bill benefits.)		1338	1 <input type="checkbox"/> Yes — Mark "8" on ISS 2 <input type="checkbox"/> No
CHECK ITEM R12	Is . . . 18 years of age or over?	1340	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 18a
15a. During this 4-month period, did . . . receive any Social Security payments?		1342	1 <input type="checkbox"/> Yes — Mark "1" on ISS 2 <input type="checkbox"/> No — SKIP to Check Item R14
CHECK ITEM R13	Is . . . 65 years of age or over?	1344	1 <input type="checkbox"/> Yes — SKIP to 16a 2 <input type="checkbox"/> No
15b. What is the reason . . . is getting Social Security, is it because . . . is (Read categories) — Mark (X) only one.		1346	1 <input type="checkbox"/> Retired? 2 <input type="checkbox"/> Disabled? 3 <input type="checkbox"/> Widow(ed) or surviving child? 4 <input type="checkbox"/> Spouse or dependent child? 5 <input type="checkbox"/> Some other reason x1 <input type="checkbox"/> DK } SKIP to 16a
c. Sometimes people get Social Security for more than one reason. Is there another reason . . . receives Social Security?		1348	1 <input type="checkbox"/> Retired 2 <input type="checkbox"/> Disabled 3 <input type="checkbox"/> Widow(ed) or surviving child 4 <input type="checkbox"/> Spouse or dependent child 5 <input type="checkbox"/> No other reason x1 <input type="checkbox"/> DK } SKIP to 16a
CHECK ITEM R14	Refer to cc item 27. Is . . . the designated parent or guardian of children under 18 who live in this household?	1350	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 16a
15d. During the 4-month period did . . . receive any Social Security payments especially for . . . 's children (under 18)?		1352	1 <input type="checkbox"/> Yes — Mark "1" on ISS 2 <input type="checkbox"/> No
16a. During this 4-month period did . . . receive any SSI (Supplemental Security Income) payments from the U.S. Government?		1354	1 <input type="checkbox"/> Yes — Mark "3" on ISS 2 <input type="checkbox"/> No — SKIP to Check Item R15
b. Did . . . also receive a SEPARATE SSI payment from the State or local welfare office during these months?		1356	1 <input type="checkbox"/> Yes — Mark "4" on ISS 2 <input type="checkbox"/> No
CHECK ITEM R15	Is . . . 40 years of age or over?	1358	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 18a
17a. Has . . . ever retired from a job or business? (Include retirement from the military.)		1360	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to Check Item R16
b. During the 4-month period did . . . receive any retirement income other than Social Security?		1362	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 17d

NOTES

Section 1 — LABOR FORCE AND RECIPIENCY (Continued)

17c. What kind of retirement income?

Anything else?

Mark (X) all that apply.

- 1364** 1 ☐ U.S. Government Railroad Retirement — Mark "2" on ISS
- 1366** 2 ☐ Pension from company or union — Mark "30" on ISS
- 1368** 3 ☐ Federal Civil Service or other Federal civilian employee pension — Mark "31" on ISS
- 1370** 4 ☐ U.S. Military retirement pay (exclude payments from the Veterans Administration) — Mark "32" on ISS
- 1372** 5 ☐ National Guard or Reserve Forces retirement — Mark "33" on ISS
- 1374** 6 ☐ State government pension — Mark "34" on ISS
- 1376** 7 ☐ Local government pension — Mark "35" on ISS
- 1378** 8 ☐ Other or DK — Specify and enter code from income source list. If income type not listed or "DK," enter code "38" — Mark ISS.
- 1380**

d. During this 4-month period, did . . . receive any regular income from a paid-up life insurance policy or any other annuities?

- 1382** 1 ☐ Yes — Mark "36" on ISS
- 2 ☐ No

CHECK ITEM R16

Is . . . 70 years of age or over?

- 1384** 1 ☐ Yes — SKIP to Check Item R17
- 2 ☐ No

18a. Does . . . have a physical, mental, or other health condition which limits the kind or amount of work . . . can do?

- 1386** 1 ☐ Yes — Mark "171" on ISS
- 2 ☐ No — SKIP to Check Item R17

b. During this 4-month period, did . . . receive any income because of . . . 's health condition or disability? (Other than Social Security, SSI, or VA?)

- 1388** 1 ☐ Yes
- 2 ☐ No } SKIP to Check Item R17
- x1 ☐ DK }

c. What kind of income?

Anything else?

Mark (X) all that apply.

- 1390** 1 ☐ U.S. Government Railroad Retirement — Mark "2" on ISS
- 1392** 2 ☐ Black Lung payments — Mark "9" on ISS
- 1394** 3 ☐ Worker's Compensation — Mark "10" on ISS
- 1396** 4 ☐ Payments from a sickness, accident or disability insurance policy purchased on your own — Mark "13" on ISS
- 1398** 5 ☐ Pension from company or union — Mark "30" on ISS
- 1400** 6 ☐ Federal Civil Service or other Federal civilian employee pension — Mark "31" on ISS
- 1402** 7 ☐ U.S. Military retirement pay (exclude payments from the Veterans Administration) — Mark "32" on ISS
- 1406** 8 ☐ State government pension — Mark "34" on ISS
- 1408** 9 ☐ Local government pension — Mark "35" on ISS
- 1410** 10 ☐ Other or DK — Specify and enter code from income source list. If income type not listed or "DK," enter code "38" — Mark ISS.
- 1412**

CHECK ITEM R17

Refer to cc item 26a.

What is . . . 's marital status?

- 1414** 1 ☐ Married — SKIP to 20
- 2 ☐ Widowed — SKIP to 22a
- 3 ☐ Divorced
- 4 ☐ Separated
- 5 ☐ Never married — SKIP to Check Item R18

19. Did . . . receive any alimony (or support payments other than child support) during the 4-month period?

- 1416** 1 ☐ Yes — Mark "29" on ISS and SKIP to Check Item R18
- 2 ☐ No
- x1 ☐ DK } SKIP to Check Item R18
- x2 ☐ Ref. }

20. (People who have been widowed or divorced sometimes receive income because of their former marriage.) Has . . . ever been widowed or divorced?

- 1418** 1 ☐ Widowed — SKIP to 22a
- 2 ☐ Divorced
- 3 ☐ Both widowed and divorced
- 4 ☐ No — SKIP to Check Item R21

CHECK ITEM R18

Refer to cc item 27.

Is . . . the designated parent or guardian of children under 18 who live in this household?

- 1420** 1 ☐ Yes
- 2 ☐ No — SKIP to Check Item R19

21. Did . . . receive any child support payments during this 4-month period? (Include "pass through" child support payments paid through the welfare office. Exclude all other child support payments from the welfare office.)

- 1422** 1 ☐ Yes — Mark "28" on ISS
- 2 ☐ No
- x1 ☐ DK
- x2 ☐ Ref.

Section 1 — LABOR FORCE AND RECIPIENCY (Continued)

CHECK ITEM R19	Is "Both widowed and divorced" box marked in item 20, page 7?	1424	<input type="checkbox"/> Yes <input type="checkbox"/> No — SKIP to Check Item R21
22a.	During this 4-month period, did . . . receive any pensions or annuities as a widow(er) (other than Social Security)?	1426	<input type="checkbox"/> Yes <input type="checkbox"/> No } SKIP to Check Item R21 <input checked="" type="checkbox"/> DK }
b.	What kind of income was this? Was there anything else? (SHOW FLASHCARD K) Mark (X) all that apply.	1428	<input type="checkbox"/> U.S. Government Railroad Retirement — Mark "2" on ISS
		1430	<input type="checkbox"/> Veterans Compensation or pension — Mark "8" on ISS
		1432	<input type="checkbox"/> Black Lung payments — Mark "9" on ISS
		1434	<input type="checkbox"/> Pension from company or union — Mark "30" on ISS
		1436	<input type="checkbox"/> Federal Civil Service or other Federal civilian employee pension — Mark "31" on ISS
		1438	<input type="checkbox"/> U.S. Military retirement pay (exclude payments from the Veterans Administration) — Mark "32" on ISS
		1440	<input type="checkbox"/> National Guard or Reserve Forces retirement — Mark "33" on ISS
		1442	<input type="checkbox"/> State government pension — Mark "34" on ISS
		1444	<input type="checkbox"/> Local government pension — Mark "35" on ISS
		1446	<input type="checkbox"/> Income from paid-up life insurance policies or annuities — Mark "36" on ISS
		1448	<input type="checkbox"/> Payments from estate or trust — Mark "37" on ISS
		1450	<input type="checkbox"/> Other or DK — Specify and enter code from income source list. If income type not listed or "DK," enter code "38" — Mark ISS
		1452	<input type="text"/> <input type="text"/>
CHECK ITEM R20	Is "Veterans Compensation or pension" marked in item 22b?	1454	<input type="checkbox"/> Yes <input type="checkbox"/> No — SKIP to Check Item R21
22c.	Did . . . 's late spouse die while in the service or from a service-related injury?	1456	<input type="checkbox"/> Yes, in the service <input type="checkbox"/> Yes, from service-related injury <input type="checkbox"/> No
CHECK ITEM R21	Is . . . 65 years of age or over?	1458	<input type="checkbox"/> Yes — SKIP to 23a <input type="checkbox"/> No
CHECK ITEM R22	Refer to item 18a, page 7. Does . . . have a work disability?	1460	<input type="checkbox"/> Yes <input type="checkbox"/> No — SKIP to Check Item R23
23a.	Medicare is a health insurance program for disabled persons and persons 65 or over. People covered by Medicare have a card that looks like this (SHOW FLASHCARD L). Was . . . covered by Medicare?	1462	<input type="checkbox"/> Yes — Mark "172" on ISS <input type="checkbox"/> No } SKIP to Check Item R23 <input checked="" type="checkbox"/> DK }
b.	May I see . . . 's Medicare card to record the claim number and type of coverage?	1464	<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - 1466 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
		1468	TYPE OF COVERAGE <input type="checkbox"/> Hospital only (Type A) <input type="checkbox"/> Medical only (Type B) <input type="checkbox"/> Both hospital and medical (Types A and B) } SKIP to Check Item R23 <input type="checkbox"/> Card not available — ASK 23c
c.	If I were to call later would you be able to provide me with . . . 's Medicare number? (This information is especially important for the purposes of this survey.)	1470	<input type="checkbox"/> Yes — Mark Callback Summary and Reminder Card, Item 2 <input type="checkbox"/> No
d.	Medicare has an optional feature which costs extra and helps pay for doctor bills. Does . . . 's Medicare help pay for doctor bills?	1472	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> DK
CHECK ITEM R23	Refer to cc item 27. Is . . . the designated parent or guardian of children under 18 who live in this household?	1474	<input type="checkbox"/> Yes — SKIP to Check Item R25 <input type="checkbox"/> No
CHECK ITEM R24	Is . . . 18 years of age or over?	1476	<input type="checkbox"/> Yes <input type="checkbox"/> No — SKIP to 27a
CHECK ITEM R25	Is ISS code "27" (Food stamps) listed in the Income Roster (item 11b, page 5)?	1478	<input type="checkbox"/> Yes — SKIP to Check Item R26 <input type="checkbox"/> No
24.	Was . . . authorized to receive food stamps at any time during the 4-month period? (An authorized person is one whose name appears on a certification card.)	1480	<input type="checkbox"/> Yes — Mark "27" on ISS <input type="checkbox"/> No

Section 1 — LABOR FORCE AND RECIPIENCY (Continued)

CHECK ITEM R26	Interview status of . . . 's spouse.	1482	1 <input type="checkbox"/> No spouse in household 2 <input type="checkbox"/> Interview for spouse not yet conducted 3 <input type="checkbox"/> Interview for spouse already conducted — SKIP to Check Item R27
25a.	(Other than what we have already mentioned during the 4-month period, did . . . receive any (other) welfare (such as AFDC, WIC, or General Assistance) (for . . . or . . . 's children)? (Exclude energy assistance.)	1484	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to Check Item R27
b.	What kind of welfare did . . . receive? Anything else? Mark (X) all that apply.	1486 1488 1490 1492 1494 1496	1 <input type="checkbox"/> AFDC — Mark "20" on ISS 2 <input type="checkbox"/> General Assistance or General Relief — Mark "21" on ISS 3 <input type="checkbox"/> Indian, Cuban or Refugee Assistance — Mark "22" on ISS 4 <input type="checkbox"/> Foster Child Care — Mark "23" on ISS 5 <input type="checkbox"/> WIC — Mark "25" on ISS 6 <input type="checkbox"/> Other or DK — Specify and enter code from income source list. If income type not listed or "DK", enter code "24" — Mark ISS ↓ <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>
CHECK ITEM R27	Is "Medicaid" marked for . . . on cc item 47?	1500	1 <input type="checkbox"/> Yes — SKIP to 26b 2 <input type="checkbox"/> No
26a.	(Refer to FLASHCARD M for Medicaid name.) During the 4-month period was . . . covered by (Use local name for Medicaid) or another public assistance program that pays for medical care?	1502	1 <input type="checkbox"/> Yes — Mark "173" on ISS 2 <input type="checkbox"/> No
b.	(Refer to FLASHCARD M for Medicaid name.) According to our last visit . . . was covered by (Use local name for Medicaid). Was . . . covered by it at any time during the 4-month period?	1504	1 <input type="checkbox"/> Yes — Mark "173" on ISS 2 <input type="checkbox"/> No
CHECK ITEM R28	Refer to cc item 27. Is . . . the designated parent or guardian of children under 18 who live in this household?	1506	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to Check Item R29
26c.	Were any of . . . 's children (under 18) covered by (Use local name for Medicaid)?	1508	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to Check Item R29
d.	Which children were covered?	1510	x5 <input type="checkbox"/> All children OR Person No. Name <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> </div> <div style="width: 55%;"></div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> </div> <div style="width: 55%;"></div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> </div> <div style="width: 55%;"></div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> </div> <div style="width: 55%;"></div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> </div> <div style="width: 55%;"></div> </div>
CHECK ITEM R29	Was . . . or . . . 's children (under 18) covered by Medicaid?	1524	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 27a
26e.	Was (. . . / (and) . . . 's children) covered during the entire 4-month period?	1526	1 <input type="checkbox"/> Yes — SKIP to 27a 2 <input type="checkbox"/> No
f.	In which months was (. . . / (and) . . . 's children) covered? Mark (X) all that apply.	1528 1530 1532 1534	1 <input type="checkbox"/> Last month 2 <input type="checkbox"/> 2 months ago 3 <input type="checkbox"/> 3 months ago 4 <input type="checkbox"/> 4 months ago

NOTES

Section 1 — LABOR FORCE AND RECIPIENCY (Continued)

27a. During the 4-month period, did . . . have health insurance in . . . 's own name? (Exclude Medicaid, Medicare, CHAMPUS, CHAMPVA and plans paying benefits only for accidents or specific diseases.)	1536	1 <input type="checkbox"/> Yes — SKIP to 27c 2 <input type="checkbox"/> No														
ASK OR VERIFY — b. Was . . . covered by a health insurance plan in somebody else's name?	1537	1 <input type="checkbox"/> Yes } 2 <input type="checkbox"/> No } SKIP to Check Item R30														
c. Did . . . have a plan in . . . 's own name during the entire 4-month period?	1538	1 <input type="checkbox"/> Yes — SKIP to 27e 2 <input type="checkbox"/> No														
d. In which months did . . . have a plan? Mark (X) all that apply.	1540 1542 1544 1546	1 <input type="checkbox"/> Last month 2 <input type="checkbox"/> 2 months ago 3 <input type="checkbox"/> 3 months ago 4 <input type="checkbox"/> 4 months ago														
e. Was . . . 's plan provided through an employer or union (or through a former employer or a pension plan)?	1548	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 27g														
f. Did the employer or union (former employer or pension plan) pay for part or all of the cost of this plan?	1550	1 <input type="checkbox"/> All 2 <input type="checkbox"/> Part x3 <input type="checkbox"/> None														
g. Was this an individual plan or a family plan?	1552	1 <input type="checkbox"/> Individual — SKIP to Check Item R30 2 <input type="checkbox"/> Family														
h. Did . . . 's health plan cover all the persons living here?	1554	1 <input type="checkbox"/> Yes — SKIP to Check Item R32 2 <input type="checkbox"/> No														
i. Other than . . . , which persons in this household were covered by . . . 's plan?		<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%; text-align: left;">Person No.</th> <th style="width: 80%; text-align: left;">Name</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">1556</td> <td><div style="border: 1px solid black; width: 100px; height: 20px;"></div></td> </tr> <tr> <td style="text-align: center;">1558</td> <td><div style="border: 1px solid black; width: 100px; height: 20px;"></div></td> </tr> <tr> <td style="text-align: center;">1560</td> <td><div style="border: 1px solid black; width: 100px; height: 20px;"></div></td> </tr> <tr> <td style="text-align: center;">1562</td> <td><div style="border: 1px solid black; width: 100px; height: 20px;"></div></td> </tr> <tr> <td style="text-align: center;">1564</td> <td><div style="border: 1px solid black; width: 100px; height: 20px;"></div></td> </tr> <tr> <td style="text-align: center;">1566</td> <td>x3 <input type="checkbox"/> None</td> </tr> </tbody> </table>	Person No.	Name	1556	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>	1558	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>	1560	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>	1562	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>	1564	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>	1566	x3 <input type="checkbox"/> None
Person No.	Name															
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1560	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>															
1562	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>															
1564	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>															
1566	x3 <input type="checkbox"/> None															
CHECK ITEM R30 Refer to cc item 27. Is . . . the designated parent or guardian of children under 18 who live in this household?	1568	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to Check Item R32														
CHECK ITEM R31 Have each of these children already been identified as members of a family health insurance plan?	1570	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 27k														
27j. I have recorded that all of . . . 's children were covered by a health insurance plan — is that correct?	1572	1 <input type="checkbox"/> Yes — SKIP to Check Item R32 2 <input type="checkbox"/> No														
k. Were any of (Which of) . . . 's children (were) covered by a health insurance plan? (Exclude Medicaid, Medicare, CHAMPUS, CHAMPVA and plans paying benefits only for accidents or specific diseases.)	1574	x5 <input type="checkbox"/> All children OR <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%; text-align: left;">Person No.</th> <th style="width: 80%; text-align: left;">Name</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">1576</td> <td><div style="border: 1px solid black; width: 100px; height: 20px;"></div></td> </tr> <tr> <td style="text-align: center;">1578</td> <td><div style="border: 1px solid black; width: 100px; height: 20px;"></div></td> </tr> <tr> <td style="text-align: center;">1580</td> <td><div style="border: 1px solid black; width: 100px; height: 20px;"></div></td> </tr> <tr> <td style="text-align: center;">1582</td> <td><div style="border: 1px solid black; width: 100px; height: 20px;"></div></td> </tr> <tr> <td style="text-align: center;">1584</td> <td><div style="border: 1px solid black; width: 100px; height: 20px;"></div></td> </tr> <tr> <td style="text-align: center;">1586</td> <td>x3 <input type="checkbox"/> None</td> </tr> </tbody> </table>	Person No.	Name	1576	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>	1578	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>	1580	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>	1582	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>	1584	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>	1586	x3 <input type="checkbox"/> None
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1584	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>															
1586	x3 <input type="checkbox"/> None															
CHECK ITEM R32 Are any assets listed in the Asset Roster?	1588	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 29a														

Section 1 – LABOR FORCE AND RECIPIENCY (Continued)

28a. According to the information we obtained last time, . . . had (Read asset types in 28b, column (2)) during (8 months ago) through (5 months ago) . Was this information recorded correctly?

1589

- 1 ☐ Yes
2 ☐ No – Resolve problems and make appropriate entries in 28b, column (5)

ASK
28c

b. ASSET ROSTER

Line No. (1)	Asset type (2)	Asset code (3)	This reference period (4)	Previous reference period (5)	
				Should not have been listed	Was not listed; should have been
1		1590 <input type="text"/>	1592 1 <input type="checkbox"/> Yes – Mark ISS 2 <input type="checkbox"/> No	1593 1 <input type="checkbox"/>	2 <input type="checkbox"/>
2		1594 <input type="text"/>	1596 1 <input type="checkbox"/> Yes – Mark ISS 2 <input type="checkbox"/> No	1597 1 <input type="checkbox"/>	2 <input type="checkbox"/>
3		1598 <input type="text"/>	1600 1 <input type="checkbox"/> Yes – Mark ISS 2 <input type="checkbox"/> No	1601 1 <input type="checkbox"/>	2 <input type="checkbox"/>
4		1602 <input type="text"/>	1604 1 <input type="checkbox"/> Yes – Mark ISS 2 <input type="checkbox"/> No	1605 1 <input type="checkbox"/>	2 <input type="checkbox"/>
5		1606 <input type="text"/>	1608 1 <input type="checkbox"/> Yes – Mark ISS 2 <input type="checkbox"/> No	1609 1 <input type="checkbox"/>	2 <input type="checkbox"/>
6		1610 <input type="text"/>	1612 1 <input type="checkbox"/> Yes – Mark ISS 2 <input type="checkbox"/> No	1613 1 <input type="checkbox"/>	2 <input type="checkbox"/>
7		1614 <input type="text"/>	1616 1 <input type="checkbox"/> Yes – Mark ISS 2 <input type="checkbox"/> No	1617 1 <input type="checkbox"/>	2 <input type="checkbox"/>
8		1618 <input type="text"/>	1620 1 <input type="checkbox"/> Yes – Mark ISS 2 <input type="checkbox"/> No	1621 1 <input type="checkbox"/>	2 <input type="checkbox"/>

C. During the past 4 months, that is _____, _____, and _____, did . . . still own (have) (Read assets in 28b, column (2))?

MARK (X) APPROPRIATE BOX IN ITEM 28b, COLUMN (4) FOR EACH ASSET TYPE LISTED.

29a. (In addition to the assets we have already mentioned) during the 4-month period did . . . have any (other) kinds of assets which earn interest or bring in money, such as the ones shown on this card? (SHOW FLASHCARD N.)

1622

- 1 ☐ Yes
2 ☐ No
x1 ☐ DK } SKIP to Check Item R33
x2 ☐ Ref.

b. Which kinds of these assets did . . . own? Any others? (Exclude IRA and Keogh accounts)

1626

- 1 ☐ Regular or passbook savings accounts – Mark "100" on ISS
1628 2 ☐ Money market deposit accounts – Mark "101" on ISS
1630 3 ☐ Certificates of deposit or other savings certificates – Mark "102" on ISS
1632 4 ☐ NOW, Super NOW, or other interest-earning checking accounts – Mark "103" on ISS
1636 5 ☐ Money market funds – Mark "104" on ISS
1638 6 ☐ U. S. Government securities – Mark "105" on ISS
1640 7 ☐ Municipal or corporate bonds – Mark "106" on ISS
1642 8 ☐ Mortgages – Mark "130" on ISS
1644 9 ☐ U. S. Savings Bonds (E, EE) – Mark "174" on ISS
1646 10 ☐ Other interest-earning assets – Mark "107" on ISS and specify
1648 11 ☐ Stocks or mutual fund shares – Mark "110" on ISS
1650 12 ☐ Rental property – Mark "120" on ISS
1652 13 ☐ Royalties – Mark "140" on ISS
1654 14 ☐ Other financial investments – Mark "150" on ISS and specify

CHECK ITEM R33

Is . . . 17 to 49 years of age?

1656

- 1 ☐ Yes
2 ☐ No – SKIP to Check Item R36

NOTES

Section 1 — LABOR FORCE AND RECIPIENCY (Continued)

30a. During the past 4 months did . . . attend school beyond the high school level including a college, university, or other school?	1658	<input type="checkbox"/> Yes <input type="checkbox"/> No — <i>SKIP to Check Item R36</i>
b. Were any of . . . 's educational expenses during the past 4 months paid for by the GI Bill, a Pell (BEOG) Grant, a Guaranteed or National Direct Student Loan, or any other type of scholarship or grant?	1660	<input type="checkbox"/> Yes <input type="checkbox"/> No — <i>SKIP to 33</i>
c. What kind of educational assistance did . . . receive? Anything else? Mark (X) all that apply.	1662	<input type="checkbox"/> GI/VEAP Benefits — <i>Mark "40" on the ISS</i> <div style="display: flex; align-items: center;"> <div style="width: 40%;"> <div style="text-align: center;">1664</div> <div style="text-align: center;">1666</div> <div style="text-align: center;">1668</div> <div style="text-align: center;">1670</div> <div style="text-align: center;">1672</div> <div style="text-align: center;">1674</div> <div style="text-align: center;">1676</div> <div style="text-align: center;">1678</div> </div> <div style="width: 60%;"> <input type="checkbox"/> Pell Grant (BEOG) <input type="checkbox"/> Supplemental Educational Opportunity Grant (SEOG) <input type="checkbox"/> Other VA Educational Assistance Programs <input type="checkbox"/> Other scholarship, fellowship, or grant <input type="checkbox"/> Employer assistance <input type="checkbox"/> JTPA/CETA training allowance <input type="checkbox"/> Guaranteed Student Loan (GSL) <input type="checkbox"/> National Direct Student Loan (NDSL) </div> </div>
		Mark "175" on ISS
31a. What kind of term system does . . . 's school use — semester, trimester, quarter, or something else?	1680	<input type="checkbox"/> Semester <input type="checkbox"/> Trimester <input type="checkbox"/> Quarter <input type="checkbox"/> Other x1 <input type="checkbox"/> DK
b. How much was . . . 's total tuition and fees for the (semester/trimester/quarter/school term)? (Include all tuition and fees, even if paid completely or in part by the family, a scholarship or a loan.)	1682	\$ 00 x1 <input type="checkbox"/> DK
CHECK ITEM R34 Is "Pell Grant (BEOG)" marked in item 30c?	1684	<input type="checkbox"/> Yes <input type="checkbox"/> No — <i>SKIP to Check Item R35</i>
31c. What was the total amount of . . . 's Pell Grant (BEOG) for the (semester/trimester/quarter/school term)?	1686	\$ 00 x1 <input type="checkbox"/> DK
CHECK ITEM R35 Is box 3, 4, 5 or 6 marked in item 30c?	1688	<input type="checkbox"/> Yes <input type="checkbox"/> No — <i>SKIP to 33</i>
32. What was the total amount of . . . 's (Read appropriate types of educational assistance) for the (semester/trimester/quarter/school term)?	1690	\$ 00 x1 <input type="checkbox"/> DK
33. Did . . . participate in the Federally funded work-study program at school at any time during the past 4 months?	1692	<input type="checkbox"/> Yes <input type="checkbox"/> No
CHECK ITEM R36 Refer to cc item 26a. What is . . . 's marital status?	1694	<input type="checkbox"/> Married, spouse absent <input type="checkbox"/> Other — <i>SKIP to Check Item R37</i>
ASK OR VERIFY — 34. Is . . . 's spouse in the Armed Forces?	1696	<input type="checkbox"/> Yes <input type="checkbox"/> No
CHECK ITEM R37 Are any income types, assets, "worked" or "other educational assistance" marked on the ISS?	1698	<input type="checkbox"/> Yes <input type="checkbox"/> No — <i>SKIP to 36a</i>
35a. You said that during the 4-month period . . . received income from — (Mention working or other educational assistance if appropriate and read income sources and assets from the ISS.) Is that correct?	1700	<input type="checkbox"/> Yes <input type="checkbox"/> No — <i>Probe and resolve (Make corrections to ISS if necessary)</i>
b. Did . . . receive income from any other source such as financial help from someone outside the household, support payments, payments from the government or anything else?	1702	<input type="checkbox"/> Yes — <i>SKIP to 36b</i> <input type="checkbox"/> No — <i>SKIP to Check Item E1</i>
36a. I have not recorded any sources of income for . . . during the 4-month period. Did . . . receive income from some source we have not covered, such as financial help from someone outside the household, support payments, payments from the government or anything else?	1704	<input type="checkbox"/> Yes <input type="checkbox"/> No — <i>SKIP to Check Item P1, page 45</i>
b. What kind of income did . . . receive? Anything else?	Enter codes from income source list and mark ISS. <div style="display: flex; align-items: center;"> <div style="width: 10%;"> <div style="text-align: center;">1706</div> <div style="text-align: center;">1708</div> <div style="text-align: center;">1710</div> </div> <div style="width: 90%;"> <div style="border: 1px solid black; padding: 2px 20px;"> </div> <div style="border: 1px solid black; padding: 2px 20px;"> </div> <div style="border: 1px solid black; padding: 2px 20px;"> </div> </div> </div>	

Section 2 – EARNINGS AND EMPLOYMENT

CHECK ITEM E1	Is "Worked" marked on the ISS?	1712	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to first ISS Code marked or Check Item P1, page 45
1 a.	You said . . . worked during the 4-month period. Was . . . working for an employer or was . . . self-employed? (Include unpaid worker in family business or farm as working for an employer.)	1714	1 <input type="checkbox"/> Worked for employer only 2 <input type="checkbox"/> Self-employed only — SKIP to Statement B, page 18 3 <input type="checkbox"/> Both worked for employer and self-employed
b.	How many different employers did . . . work for during this 4-month period?	1716	1 <input type="checkbox"/> 1 employer 2 <input type="checkbox"/> 2 employers 3 <input type="checkbox"/> 3 or more employers
CHECK ITEM E2	Is "Both worked for employer and self-employed" marked in 1a?	1718	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 2a

STATEMENT A . . . worked for an employer and was also self-employed. The first questions will be about . . .'s work for an employer.

NOTES

Section 2 — EARNINGS AND EMPLOYMENT (Continued)

Part A1 — EMPLOYER IDENTIFICATION NUMBER 1

2a. What is the name of the employer for whom . . . worked during this 4-month period?

(If . . . worked for more than one employer, enter the employer for whom . . . worked the most hours during the 4-month period or the most recent employer.)

PGM 8

Employer Name

2000

**CHECK
ITEM E3**

Enter employer ID number from cc item 42, or if a new employer, enter next available ID number →

PGM 8

Employer ID No.

2002

PGM 8

2004

2b. What kind of business or industry was (Name of company or business)?

For example: TV and radio manufacturing, retail shoe store, State Labor Department, farm.

c. ASK OR VERIFY —
Is it mainly —

PGM 8

2006

1 ☐ **Manufacturing?**

2 ☐ **Wholesale Trade?**

3 ☐ **Retail Trade?**

4 ☐ **Some other kind of business?**

d. What kind of work was . . . doing on this job?

For example: Electrical engineer, stock clerk, typist, farmer

PGM 8

2008

e. What were . . . 's main activities or duties?

For example: Types, keeps account books, files, sells cars, operates printing press, finishes concrete.

PGM 8

2010

f. ASK OR VERIFY —
Was . . . an employee of —

PGM 8

2012

1 ☐ **A private company or individual?**

2 ☐ **Federal government (exclude Armed Forces)?**

3 ☐ **State government?**

4 ☐ **Local government?**

5 ☐ **Armed Forces?**

6 ☐ **Unpaid in family business or farm? —**
SKIP to Check Item E5

3a. ASK OR VERIFY —
Was . . . employed by (Name of employer) during the entire 4-month period?

PGM 7

2014

1 ☐ **Yes — SKIP to 4**

2 ☐ **No**

b. When was . . . employed by (Name of employer) during this 4-month period?

FROM

2016

Month

2018

Day

TO

2020

Month

2022

Day

4. ASK OR VERIFY —
How many hours per week did . . . usually work at this job?

2024

Hours

x3 ☐ **None**

x1 ☐ **DK**

5. Was . . . paid by the hour on this job?

2026

1 ☐ **Yes**

2 ☐ **No — SKIP to 7**

6. What was . . . 's regular hourly pay rate at the end of (Read last month or "to" date in item 3b)?

2028

\$

x1 ☐ **DK**

x2 ☐ **Ref. — SKIP to Check Item E5**

7. During the 4-month period how often was . . . paid on this job?

2030

1 ☐ **Once a week**

2 ☐ **Once each 2 weeks**

3 ☐ **Once a month**

4 ☐ **Twice a month**

5 ☐ **Some other way — Specify ↓**

Section 2 – EARNINGS AND EMPLOYMENT (Continued)

Part A1 – EMPLOYER IDENTIFICATION NUMBER 1(Continued)

8. READ STATEMENT ONLY ONCE PER RESPONDENT

The next question is about the pay . . . received from this job during the 4-month period. We need the most accurate figures you can provide. Be sure to include any tips, bonuses, overtime pay, or commissions.

What was the total amount of pay that . . . received BEFORE deductions on this job in (Read each month)?

FOR MEMBERS OF THE ARMED FORCES – (Be sure to include housing allowances and any other special types of pay.)

NOTE: Certain months contain 5 paydays for workers paid weekly and 3 paydays for workers paid every 2 weeks.



LAST MONTH

2032

\$

00

x3 ☐ None

x1 ☐ DK

x2 ☐ Ref.

INTERVIEWER
USE ONLY

\$.00

\$.00

\$.00

\$.00

\$.00

Total \$.00

2 MONTHS AGO

2034

\$

00

x3 ☐ None

x1 ☐ DK

x2 ☐ Ref.

\$.00

\$.00

\$.00

\$.00

\$.00

Total \$.00

3 MONTHS AGO

2036

\$

00

x3 ☐ None

x1 ☐ DK

x2 ☐ Ref.

\$.00

\$.00

\$.00

\$.00

\$.00

Total \$.00

4 MONTHS AGO

2038

\$

00

x3 ☐ None

x1 ☐ DK

x2 ☐ Ref.

\$.00

\$.00

\$.00

\$.00

\$.00

Total \$.00

CHECK ITEM E4

Is "DK" marked in all parts of item 8?

2040

1 ☐ Yes

2 ☐ No – SKIP to Check Item E5

9. If we were to call back later would you (or . . .) be able to provide us with the amounts of pay . . . received in each of these months? (Information about how much . . . received each month is very important to the results of our survey.)

2042

1 ☐ Yes – Mark Callback Summary and Reminder Card, Item 3a

2 ☐ No

CHECK ITEM E5

Number of employers in item 1b, page 13?

2044

1 ☐ 1 employer – SKIP to Check Item E8, page 17

2 ☐ 2 or more employers

Section 2 — EARNINGS AND EMPLOYMENT (Continued)

Part A2 — EMPLOYER IDENTIFICATION NUMBER 2

0a. What is the name of the other employer for whom . . . worked during this 4-month period?

(If . . . worked for more than one employer, enter the employer for whom . . . worked the second most hours during the 4-month period.)

PGM 8

Employer Name

2100

**CHECK
ITEM E6**

Enter employer ID number from cc item 42, or if a new employer, enter next available ID number →

PGM 8

Employer ID No.

2102

PGM 8

2104

0b. What kind of business or industry was (Name of company or business)?

For example: TV and radio manufacturing, retail shoe store, State Labor Department, farm.

PGM 8

2106

c. ASK OR VERIFY —
Is it mainly —

- 1 ☐ Manufacturing?
2 ☐ Wholesale Trade?
3 ☐ Retail Trade?
4 ☐ Some other kind of business?

d. What kind of work was . . . doing on this job?

For example: Electrical engineer, stock clerk, typist, farmer

PGM 8

2108

e. What were . . . 's main activities or duties?

For example: Types, keeps account books, files, sells cars, operates printing press, finishes concrete.

PGM 8

2110

f. ASK OR VERIFY —
Was . . . an employee of —

PGM 8

2112

- 1 ☐ A private company or individual?
2 ☐ Federal government (exclude Armed Forces)?
3 ☐ State government?
4 ☐ Local government?
5 ☐ Armed Forces?
6 ☐ Unpaid in family business or farm? —
SKIP to Check Item E8

1a. ASK OR VERIFY —
Was . . . employed by (Name of employer) during the entire 4-month period?

PGM 7

2114

- 1 ☐ Yes — SKIP to 12
2 ☐ No

b. When was . . . employed by (Name of employer) during this 4-month period?

2116

FROM

Month Day

2120

TO

Month Day

2. ASK OR VERIFY —
How many hours per week did . . . usually work at this job?

2124

Hours

- x3 ☐ None
x1 ☐ DK

3. Was . . . paid by the hour on this job?

2126

- 1 ☐ Yes
2 ☐ No — SKIP to 15

4. What was . . . 's regular hourly pay rate at the end of (Read last month or "to" date in item 11b)?

2128

\$

- x1 ☐ DK
x2 ☐ Ref. — SKIP to Check Item E8

5. During the 4-month period how often was . . . paid on this job?

2130

- 1 ☐ Once a week
2 ☐ Once each 2 weeks
3 ☐ Once a month
4 ☐ Twice a month
5 ☐ Some other way — Specify ↓

Section 2 — EARNINGS AND EMPLOYMENT (Continued)

Part A2 — EMPLOYER IDENTIFICATION NUMBER 2 (Continued)

16. READ STATEMENT ONLY ONCE PER RESPONDENT

The next question is about the pay . . . received from this job during the 4-month period. We need the most accurate figures you can provide. Be sure to include any tips, bonuses, overtime pay, or commissions.

What was the total amount of pay that . . . received BEFORE deductions on this job in (Read each month)?

FOR MEMBERS OF THE ARMED FORCES — (Be sure to include housing allowances and any other special types of pay.)

NOTE: Certain months contain 5 paydays for workers paid weekly and 3 paydays for workers paid every 2 weeks.



LAST MONTH

2132

\$. 00

x3 ☐ None

x1 ☐ DK

x2 ☐ Ref.

INTERVIEWER
USE ONLY

\$.00

\$.00

\$.00

\$.00

\$.00

Total \$.00

2 MONTHS AGO

2134

\$. 00

x3 ☐ None

x1 ☐ DK

x2 ☐ Ref.

\$.00

\$.00

\$.00

\$.00

\$.00

Total \$.00

3 MONTHS AGO

2136

\$. 00

x3 ☐ None

x1 ☐ DK

x2 ☐ Ref.

\$.00

\$.00

\$.00

\$.00

\$.00

Total \$.00

4 MONTHS AGO

2138

\$. 00

x3 ☐ None

x1 ☐ DK

x2 ☐ Ref.

\$.00

\$.00

\$.00

\$.00

\$.00

Total \$.00

CHECK ITEM E7

Is "DK" marked in all parts of item 16?

2140

1 ☐ Yes

2 ☐ No — SKIP to Check Item E8

17. If we were to call back later would you (or . . .) be able to provide us with the amounts of pay . . . received in each of these months? (Information about how much . . . received each month is very important to the results of our survey.)

2142

1 ☐ Yes — Mark Callback Summary and Reminder Card, Item 3b

2 ☐ No

CHECK ITEM E8

Is "Both worked for employer and self-employed" marked in item 1a, page 13?

2144

1 ☐ Yes — Read Statement B

2 ☐ No — SKIP to first ISS Code or Check Item P1, page 45

Section 2 – EARNINGS AND EMPLOYMENT (Continued)

Part B1 – SELF-EMPLOYMENT IDENTIFICATION NUMBER 1

STATEMENT B You said . . . was (also) self-employed during this 4-month period.

a. What was the name of . . . 's business/professional practice/farm?

PGM 8 Business name

2200

**CHECK
ITEM S1**

Enter business ID number from cc item 43, or if a new business enter the next available ID number →

PGM 8 Business ID No.

2202

b. What kind of business was this?

PGM 8

2204

ASK OR VERIFY –

c. Is it mainly –

PGM 8

2206

- 1 ☐ Manufacturing?
2 ☐ Wholesale Trade?
3 ☐ Retail Trade?
4 ☐ Some other kind of business?

d. What kind of work was . . . doing?

PGM 8

2208

e. What were . . . 's most important activities or duties?

PGM 8

2210

ASK OR VERIFY –

f. How many hours per week did . . . usually work at this business?

PGM 7

2212

Hours

- x3 ☐ None
x1 ☐ DK

g. Do you think that the gross earnings of this business will be \$1,000 or more during the next 12 months?

2214

- 1 ☐ Yes
2 ☐ No – SKIP to 10
x1 ☐ DK

Gross earnings include sales and receipts before expenses.

**CHECK
ITEM S2**

Have questions 3 – 5b already been answered for this business by another household member?

2216

- 1 ☐ Yes – SKIP to 6a
2 ☐ No

h. What was the total number of employees working for this business? Be sure to include . . .

2218

Employees

Enter 999 if 1,000 or more employees.

- x1 ☐ DK

i. Was . . . 's business incorporated?

2220

- 1 ☐ Yes – SKIP to 5a
2 ☐ No

j. Was . . . 's business a sole proprietorship or a partnership?

2222

- 1 ☐ Sole proprietorship – SKIP to 6a
2 ☐ Partnership

k. Aside from . . . were any other members of this household owners or partners in this business?

2224

- 1 ☐ Yes
2 ☐ No – SKIP to 6a

l. Which members?

Person No.

Name

2226

2228

2230

m. Was . . . paid a regular salary from this business during the 4-month period?

2232

- 1 ☐ Yes
2 ☐ No

n. Did . . . receive any (other) income from the business during this 4-month period?

2234

- 1 ☐ Yes
2 ☐ No

**CHECK
ITEM S3**

Is "Yes" marked in either item 6a or 6b?

2236

- 1 ☐ Yes
2 ☐ No – SKIP to Check Item S5

Section 2 — EARNINGS AND EMPLOYMENT (Continued)

Part B1 — SELF-EMPLOYMENT IDENTIFICATION NUMBER 1 (Continued)

7. READ STATEMENT ONLY ONCE PER RESPONDENT.

The next question is about the income . . . received from this business during the 4-month period. We need the most accurate figures you can provide.

What was the total amount of income that . . . received from this business in (Read each month)?



LAST MONTH

2238

\$.00

- x3 ☐ None
x1 ☐ DK
x2 ☐ Ref.

INTERVIEWER
USE ONLY

\$.00

\$.00

\$.00

\$.00

TOTAL \$.00

2 MONTHS AGO

2240

\$.00

- x3 ☐ None
x1 ☐ DK
x2 ☐ Ref.

\$.00

\$.00

\$.00

\$.00

TOTAL \$.00

3 MONTHS AGO

2242

\$.00

- x3 ☐ None
x1 ☐ DK
x2 ☐ Ref.

\$.00

\$.00

\$.00

\$.00

TOTAL \$.00

4 MONTHS AGO

2244

\$.00

- x3 ☐ None
x1 ☐ DK
x2 ☐ Ref.

\$.00

\$.00

\$.00

\$.00

TOTAL \$.00

CHECK ITEM S4

Is "DK" marked in all parts of item 7?

2246

- 1 ☐ Yes
2 ☐ No — SKIP to Check Item S5

8. If we were to call back later would you (or . . .) be able to provide us with the amounts of income . . . received in each of these months? (Information about how much . . . received each month is very important to the results of our survey.)

2248

- 1 ☐ Yes — Mark Callback Summary and Reminder Card, Item 4a
2 ☐ No

CHECK ITEM S5

Refer to item 4a, page 18.

Is this business incorporated?

2250

- 1 ☐ Yes — SKIP to 11
2 ☐ No

CHECK ITEM S6

Has information about the net profit (or loss) for this business already been obtained by another household member?

2252

- 1 ☐ Yes — SKIP to 11
2 ☐ No

9a. Can you give me an estimate of the net profit (or loss), that is, the difference between gross receipts and expenses during the 4-month period shown on the calendar?

2254

- 1 ☐ Yes
2 ☐ No — SKIP to 11

b. What was the net profit (or loss) from this business during the 4-month period?

2256

\$.00

2258

- x4 ☐ Loss in amount box —
If "Broke even," mark \$1 in box.

SKIP to 11

10. About how much did . . . earn from this business after expenses during the 4-month period?

2260

\$.00

- x3 ☐ None
x1 ☐ DK
x2 ☐ Ref.

11. Was . . . self-employed in any other business (professional practice/farm) during the 4-month period?

2262

- 1 ☐ Yes
2 ☐ No — SKIP to first ISS Code or Check Item P1, page 45

Section 2 – EARNINGS AND EMPLOYMENT (Continued)

Part B2 – SELF-EMPLOYMENT IDENTIFICATION NUMBER 2

2a. What was the name of . . . 's other business/ professional practice/farm?

PGM 8 Business name

2300

CHECK ITEM S7

Enter business ID number from cc item 43, or if a new business, enter the next available ID number →

PGM 8 Business ID No.

2302

2b. What kind of business was this?

PGM 8

2304

ASK OR VERIFY –

C. Is it mainly –

PGM 8

2306

- 1 ☐ **Manufacturing?**
2 ☐ **Wholesale Trade?**
3 ☐ **Retail Trade?**
4 ☐ **Some other kind of business?**

d. What kind of work was . . . doing?

PGM 8

2308

e. What were . . . 's most important activities or duties?

PGM 8

2310

f. How many hours per week did . . . usually work at this business?

PGM 7

2312

Hours

x3 ☐ None

x1 ☐ DK

3. Do you think that the gross earnings of this business will be \$1,000 or more during the next 12 months?

Gross earnings include sales and receipts before expenses.

2314

- 1 ☐ Yes
2 ☐ No – SKIP to 21
x1 ☐ DK

CHECK ITEM S8

Have questions 14 – 16b already been answered for this business by another household member?

2316

- 1 ☐ Yes – SKIP to 17a
2 ☐ No

4. What was the total number of employees working for this business? Be sure to include . . .

Enter 999 if 1,000 or more employees.

2318

Employees

x1 ☐ DK

5a. Was . . . 's business incorporated?

2320

- 1 ☐ Yes – SKIP to 16a
2 ☐ No

b. Was . . . 's business a sole proprietorship or a partnership?

2322

- 1 ☐ Sole proprietorship – SKIP to 17a
2 ☐ Partnership

6a. Aside from . . . were any other members of this household owners or partners in this business?

2324

- 1 ☐ Yes
2 ☐ No – SKIP to 17a

b. Which members?

Person No.

Name

2326

2328

2330

7a. Was . . . paid a regular salary from this business during the 4-month period?

2332

- 1 ☐ Yes
2 ☐ No

b. Did . . . receive any (other) income from the business during this 4-month period?

2334

- 1 ☐ Yes
2 ☐ No

CHECK ITEM S9

Is "Yes" marked in either item 17a or 17b?

2336

- 1 ☐ Yes
2 ☐ No – SKIP to Check Item S11

Section 2 — EARNINGS AND EMPLOYMENT (Continued)

Part B2 — SELF-EMPLOYMENT IDENTIFICATION NUMBER 2 (Continued)

18. READ STATEMENT ONLY ONCE PER RESPONDENT.

The next question is about the income . . . received from this business during the 4-month period. We need the most accurate figures you can provide.

What was the total amount of income that . . . received from this business in (Read each month)?



LAST MONTH

2338

\$.00

x3 ☐ None

x1 ☐ DK

x2 ☐ Ref.

INTERVIEWER
USE ONLY

\$.00

\$.00

\$.00

\$.00

TOTAL \$.00

2 MONTHS AGO

2340

\$.00

x3 ☐ None

x1 ☐ DK

x2 ☐ Ref.

\$.00

\$.00

\$.00

\$.00

TOTAL \$.00

3 MONTHS AGO

2342

\$.00

x3 ☐ None

x1 ☐ DK

x2 ☐ Ref.

\$.00

\$.00

\$.00

\$.00

TOTAL \$.00

4 MONTHS AGO

2344

\$.00

x3 ☐ None

x1 ☐ DK

x2 ☐ Ref.

\$.00

\$.00

\$.00

\$.00

TOTAL \$.00

**CHECK
ITEM S10**

Is "DK" marked in all parts of item 18?

2346

1 ☐ Yes

2 ☐ No — SKIP to Check Item S11

19. If we were to call back later would you (or . . .) be able to provide us with the amounts of income . . . received in each of these months? (Information about how much . . . received each month is very important to the results of our survey.)

2348

1 ☐ Yes — Mark Callback Summary and Reminder Card, Item 4b

2 ☐ No

**CHECK
ITEM S11**

Refer to item 15a, page 20.

Is this business incorporated?

2350

1 ☐ Yes — SKIP to first ISS Code or Check Item P1, page 45

2 ☐ No

**CHECK
ITEM S12**

Has information about the net profit (or loss) for this business already been obtained by another household member?

2352

1 ☐ Yes — SKIP to first ISS Code or Check Item P1, page 45

2 ☐ No

20a. We would also appreciate an estimate of the net profit (or loss), that is, the difference between gross receipts and expenses for this 4-month period. Can you give me an estimate of the net profit (or loss) during the 4-month period?

2354

1 ☐ Yes

2 ☐ No — SKIP to first ISS Code or Check Item P1, page 45

b. What was the net profit (or loss) from this business during the 4-month period?

2356

\$.00

2358

x4 ☐ Loss in amount box —

If "Broke even," mark \$1 in box.

SKIP to first
ISS Code or
Check Item
P1, page 45

21. About how much did . . . earn from this business after expenses during the 4-month period?

2360

\$.00

x3 ☐ None

x1 ☐ DK

x2 ☐ Ref.

SKIP to first
ISS Code or
Check Item
P1, page 45

Section 3 – AMOUNTS

Part A – GENERAL AMOUNTS (ISS Codes 1 – 56)

1. You said . . . received (Read name of income type) during the 4-month period.

Income code

Name of income type

3000

**CHECK
ITEM A1**

Mark (X) income type code.

3002

- 1 ☐ ISS code 1 or 2 (SS or RR)
2 ☐ ISS code 25 (WIC) – SKIP to 14, page 24
3 ☐ ISS code 27 (Food Stamps) – SKIP to 12a, page 24
4 ☐ Other ISS codes – SKIP to Check Item A4

**CHECK
ITEM A2**

Refer to cc item 27.

Is . . . a designated parent, or guardian of children under age 18?

3004

- 1 ☐ Yes
2 ☐ No – SKIP to Check Item A3

2. During this 4-month period, were any separate payments from (Social Security/Railroad Retirement) received especially for the children?

3006

- 1 ☐ Yes
2 ☐ No – SKIP to Check Item A3

3. Did . . . also receive a separate payment for (himself/herself) during any of these months?

3008

- 1 ☐ Yes
2 ☐ No – SKIP to 10a

**CHECK
ITEM A3**

Is . . . married?

3010

- 1 ☐ Yes
2 ☐ No – SKIP to 5a

4. Did . . . receive Social Security (Railroad Retirement) jointly with . . . 's spouse?

3012

- 1 ☐ Yes
2 ☐ No – SKIP to 5a

**CHECK
ITEM A4**

Has information about the amount received by . . . from the income source entered in 1 already been recorded during an interview for . . . 's spouse?

3014

- 1 ☐ Yes – SKIP to next ISS Code or Check Item P1, page 45
2 ☐ No

a. Did . . . receive any (Read name of income type) in (Read each month)?

NOTE – Some persons receive more than one payment per month for certain income types such as Unemployment Compensation and AFDC.

5b. How much did . . . receive in (Read each month marked "Yes" in 5a)? **Please answer by giving the total amount each month before any deductions.**

Last month

3016

- 1 ☐ Yes
2 ☐ No
x1 ☐ DK

3018

\$. 00
x1 ☐ DK
x2 ☐ Ref.

2 months ago

3020

- 1 ☐ Yes
2 ☐ No
x1 ☐ DK

3022

\$. 00
x1 ☐ DK
x2 ☐ Ref.

3 months ago

3024

- 1 ☐ Yes
2 ☐ No
x1 ☐ DK

3026

\$. 00
x1 ☐ DK
x2 ☐ Ref.

4 months ago

3028

- 1 ☐ Yes
2 ☐ No
x1 ☐ DK

3030

\$. 00
x1 ☐ DK
x2 ☐ Ref.

**CHECK
ITEM A5**

Mark (X) income type code.

3032

- 1 ☐ ISS code 1 or 2 – SKIP to Check Item A7
2 ☐ ISS code 8 or 20 through 24
3 ☐ All other income codes – SKIP to next ISS Code or Check Item P1, page 45

a. Were all the people living here covered by . . . 's payments?

3034

- 1 ☐ Yes – SKIP to Check Item A6
2 ☐ No

NOTES

Section 3 — AMOUNTS (Continued)

Part A — GENERAL AMOUNTS (ISS Codes 1 — 56) (Continued)

6b. Which persons were covered?

Person No.

Name

3036

3038

3040

3042

3044

3046

3048

3050

3052

3054

CHECK ITEM A6

Is this ISS code "8"?

3056

1 ☐ Yes

2 ☐ No — SKIP to next ISS Code or Check Item P1, page 45

7. Is . . . required to fill out an annual income questionnaire for the Veterans Administration?

3060

1 ☐ Yes

2 ☐ No

x1 ☐ DK

SKIP to next ISS Code or Check Item P1, page 45

CHECK ITEM A7

Was this ISS code marked for . . . in cc item 45 last reference period?

3062

1 ☐ Yes — SKIP to Check Item A8

2 ☐ No

(SHOW FLASHCARD O)

8. Social Security (Railroad Retirement) sends out two types of checks. Please look at this card and tell me which color check . . . receives?

3064

1 ☐ Green

2 ☐ Gold

3 ☐ Other

x1 ☐ DK

9. Do . . . 's payments usually come on the first of the month or the third?

3066

1 ☐ First

2 ☐ Third

3 ☐ Other

x1 ☐ DK

CHECK ITEM A8

Refer to item 2, page 22.
Were (Social Security/Railroad Retirement) payments received especially for the children?

3068

1 ☐ Yes

2 ☐ No — SKIP to next ISS Code or Check Item P1, page 45

10a. Were Social Security (Railroad Retirement) payments received for the children in (Read each month)?

Last month

3070

1 ☐ Yes

2 ☐ No

x1 ☐ DK

2 months ago

3074

1 ☐ Yes

2 ☐ No

x1 ☐ DK

3 months ago

3078

1 ☐ Yes

2 ☐ No

x1 ☐ DK

4 months ago

3082

1 ☐ Yes

2 ☐ No

x1 ☐ DK

10b. If "Yes" in 10a — How much was received?

3072

\$. 00

x1 ☐ DK

x2 ☐ Ref.

3076

\$. 00

x1 ☐ DK

x2 ☐ Ref.

3080

\$. 00

x1 ☐ DK

x2 ☐ Ref.

3084

\$. 00

x1 ☐ DK

x2 ☐ Ref.

VERIFY IF ONLY ONE CHILD OR ASK —

11a. Were all children living here covered by these payments?

3086

1 ☐ Yes — SKIP to next ISS Code or Check Item P1, page 45

2 ☐ No

Section 3 – AMOUNTS (Continued)

Part A – GENERAL AMOUNTS (ISS Codes 1 – 56) (Continued)

1b. Which children were covered?

	Person No.	Name
3088	<input type="text"/>	<input type="text"/>
3090	<input type="text"/>	<input type="text"/>
3092	<input type="text"/>	<input type="text"/>
3094	<input type="text"/>	<input type="text"/>
3096	<input type="text"/>	<input type="text"/>
3098	<input type="text"/>	<input type="text"/>

SKIP to next ISS Code or Check Item P1, page 45

2a. Were all the people living here covered under ...’s food stamp allotment?

3100	1 <input type="checkbox"/> Yes – SKIP to 13a
	2 <input type="checkbox"/> No

b. Which persons were covered?

	Person No.	Name
3102	<input type="text"/>	<input type="text"/>
3104	<input type="text"/>	<input type="text"/>
3106	<input type="text"/>	<input type="text"/>
3108	<input type="text"/>	<input type="text"/>
3110	<input type="text"/>	<input type="text"/>
3112	<input type="text"/>	<input type="text"/>
3114	<input type="text"/>	<input type="text"/>
3116	<input type="text"/>	<input type="text"/>
3118	<input type="text"/>	<input type="text"/>
3120	<input type="text"/>	<input type="text"/>

3a. Did ... receive food stamps in (Read each month)?

13b. If “Yes” in 13a, ask – What was the total amount?

Last month

3122	1 <input type="checkbox"/> Yes
	2 <input type="checkbox"/> No
	x1 <input type="checkbox"/> DK

3124	\$ <input type="text"/>	<input type="text"/>	00
	x1 <input type="checkbox"/> DK		
	x2 <input type="checkbox"/> Ref.		

2 months ago

3126	1 <input type="checkbox"/> Yes
	2 <input type="checkbox"/> No
	x1 <input type="checkbox"/> DK

3128	\$ <input type="text"/>	<input type="text"/>	00
	x1 <input type="checkbox"/> DK		
	x2 <input type="checkbox"/> Ref.		

3 months ago

3130	1 <input type="checkbox"/> Yes
	2 <input type="checkbox"/> No
	x1 <input type="checkbox"/> DK

3132	\$ <input type="text"/>	<input type="text"/>	00
	x1 <input type="checkbox"/> DK		
	x2 <input type="checkbox"/> Ref.		

4 months ago

3134	1 <input type="checkbox"/> Yes
	2 <input type="checkbox"/> No
	x1 <input type="checkbox"/> DK

3136	\$ <input type="text"/>	<input type="text"/>	00
	x1 <input type="checkbox"/> DK		
	x2 <input type="checkbox"/> Ref.		

SKIP to next ISS Code or Check Item P1, page 45

14. Did ... receive any WIC vouchers in (Read each month)?

Mark (X) all that apply.

3138	1 <input type="checkbox"/> Last month
3140	2 <input type="checkbox"/> 2 months ago
3142	3 <input type="checkbox"/> 3 months ago
3144	4 <input type="checkbox"/> 4 months ago

SKIP to next ISS Code or Check Item P1, page 45

Section 3 – AMOUNTS

Part A – GENERAL AMOUNTS (ISS Codes 1–56)

1. You said . . . received <i>(Read name of income type) during the 4-month period.</i>		Income code <div>3200</div>	Name of income type <div></div>
CHECK ITEM A1	Mark (X) income type code.	<div>3202</div> 1 <input type="checkbox"/> ISS code 1 or 2 (SS or RR) 2 <input type="checkbox"/> ISS code 25 (WIC) — SKIP to 14, page 27 3 <input type="checkbox"/> ISS code 27 (Food Stamps) — SKIP to 12a, page 27 4 <input type="checkbox"/> Other ISS codes — SKIP to Check Item A4	
CHECK ITEM A2	Refer to cc item 27. Is . . . a designated parent, or guardian of children under age 18?	<div>3204</div> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to Check Item A3	
2. During this 4-month period, were any separate payments from (Social Security/Railroad Retirement) received especially for the children?		<div>3206</div> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to Check Item A3	
3. Did . . . also receive a separate payment for (himself/herself) during any of these months?		<div>3208</div> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 10a	
CHECK ITEM A3	Is . . . married?	<div>3210</div> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 5a	
4. Did . . . receive Social Security (Railroad Retirement) jointly with . . . 's spouse?		<div>3212</div> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 5a	
CHECK ITEM A4	Has information about the amount received by . . . from the income source entered in 1 already been recorded during an interview for . . . 's spouse?	<div>3214</div> 1 <input type="checkbox"/> Yes — SKIP to next ISS Code or Check Item P1, page 45 2 <input type="checkbox"/> No	
5a. Did . . . receive any <i>(Read name of income type) in (Read each month)?</i> NOTE — Some persons receive more than one payment per month for certain income types such as Unemployment Compensation and AFDC.		5b. How much did . . . receive in <i>(Read each month marked "Yes" in 5a)? Please answer by giving the total amount each month before any deductions.</i>	
Last month		<div>3216</div> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	<div>3218</div> <div>\$</div> <div></div> <div>00</div> x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
2 months ago		<div>3220</div> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	<div>3222</div> <div>\$</div> <div></div> <div>00</div> x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
3 months ago		<div>3224</div> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	<div>3226</div> <div>\$</div> <div></div> <div>00</div> x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
4 months ago		<div>3228</div> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	<div>3230</div> <div>\$</div> <div></div> <div>00</div> x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
CHECK ITEM A5	Mark (X) income type code.	<div>3232</div> 1 <input type="checkbox"/> ISS code 1 or 2 — SKIP to Check Item A7 2 <input type="checkbox"/> ISS code 8 or 20 through 24 3 <input type="checkbox"/> All other income codes — SKIP to next ISS Code or Check Item P1, page 45	
6a. Were all the people living here covered by . . . 's payments?		<div>3234</div> 1 <input type="checkbox"/> Yes — SKIP to Check Item A6 2 <input type="checkbox"/> No	

NOTES

Section 3 — AMOUNTS (Continued)

Part A — GENERAL AMOUNTS (ISS Codes 1 — 56) (Continued)

6b. Which persons were covered?

	Person No.	Name
3236	<input type="text"/>	<input type="text"/>
3238	<input type="text"/>	<input type="text"/>
3240	<input type="text"/>	<input type="text"/>
3242	<input type="text"/>	<input type="text"/>
3244	<input type="text"/>	<input type="text"/>
3246	<input type="text"/>	<input type="text"/>
3248	<input type="text"/>	<input type="text"/>
3250	<input type="text"/>	<input type="text"/>
3252	<input type="text"/>	<input type="text"/>
3254	<input type="text"/>	<input type="text"/>

CHECK
ITEM A6

Is this ISS code "8"?

3256 1 ☐ Yes
2 ☐ No — SKIP to next ISS Code or Check Item P1, page 45

7. Is . . . required to fill out an annual income questionnaire for the Veterans Administration?

3260 1 ☐ Yes
2 ☐ No
x1 ☐ DK } SKIP to next ISS Code or Check Item P1, page 45

CHECK
ITEM A7

Was this ISS code marked for . . . in cc item 45 last reference period?

3262 1 ☐ Yes — SKIP to Check Item A8
2 ☐ No

(SHOW FLASHCARD O)

8. Social Security (Railroad Retirement) sends out two types of checks. Please look at this card and tell me which color check . . . receives?

3264 1 ☐ Green
2 ☐ Gold
3 ☐ Other
x1 ☐ DK

9. Do . . . 's payments usually come on the first of the month or the third?

3266 1 ☐ First
2 ☐ Third
3 ☐ Other
x1 ☐ DK

CHECK
ITEM A8

Refer to item 2, page 25.
Were (Social Security/Railroad Retirement) payments received especially for the children?

3268 1 ☐ Yes
2 ☐ No — SKIP to next ISS Code or Check Item P1, page 45

0a. Were Social Security (Railroad Retirement) payments received for the children in (Read each month)?

Last month

3270 1 ☐ Yes
2 ☐ No
x1 ☐ DK

2 months ago

3274 1 ☐ Yes
2 ☐ No
x1 ☐ DK

3 months ago

3278 1 ☐ Yes
2 ☐ No
x1 ☐ DK

4 months ago

3282 1 ☐ Yes
2 ☐ No
x1 ☐ DK

10b. If "Yes" in 10a — How much was received?

3272 \$. 00
x1 ☐ DK
x2 ☐ Ref.

3276 \$. 00
x1 ☐ DK
x2 ☐ Ref.

3280 \$. 00
x1 ☐ DK
x2 ☐ Ref.

3284 \$. 00
x1 ☐ DK
x2 ☐ Ref.

VERIFY IF ONLY ONE CHILD OR ASK —

3286 1 ☐ Yes — SKIP to next ISS Code or Check Item P1, page 45
2 ☐ No

1a. Were all children living here covered by these payments?

Section 3 – AMOUNTS (Continued)

Part A – GENERAL AMOUNTS (ISS Codes 1 – 56) (Continued)

11b. Which children were covered?

Person No.	Name
3288	
3290	
3292	
3294	
3296	
3298	

SKIP to next ISS Code or Check Item P1, page 45

12a. Were all the people living here covered under ...'s food stamp allotment?

3300 1 ☐ Yes – SKIP to 13a
2 ☐ No

b. Which persons were covered?

Person No.	Name
3302	
3304	
3306	
3308	
3310	
3312	
3314	
3316	
3318	
3320	

13a. Did ... receive food stamps in (Read each month)?

13b. If "Yes" in 13a, ask – What was the total amount?

Last month

3322 1 ☐ Yes
2 ☐ No
x1 ☐ DK

3324 \$. 00
x1 ☐ DK
x2 ☐ Ref.

2 months ago

3326 1 ☐ Yes
2 ☐ No
x1 ☐ DK

3328 \$. 00
x1 ☐ DK
x2 ☐ Ref.

3 months ago

3330 1 ☐ Yes
2 ☐ No
x1 ☐ DK

3332 \$. 00
x1 ☐ DK
x2 ☐ Ref.

4 months ago

3334 1 ☐ Yes
2 ☐ No
x1 ☐ DK

3336 \$. 00
x1 ☐ DK
x2 ☐ Ref.

SKIP to next ISS Code or Check Item P1, page 45

14. Did ... receive any WIC vouchers in (Read each month)?

3338 1 ☐ Last month
3340 2 ☐ 2 months ago
3342 3 ☐ 3 months ago
3344 4 ☐ 4 months ago

SKIP to next ISS Code or Check Item P1, page 45

Mark (X) all that apply.

Section 3 – AMOUNTS

Part A – GENERAL AMOUNTS (ISS Codes 1 – 56)

1. You said . . . received (Read name of income type) during the 4-month period.

Income code Name of income type

3400

CHECK
ITEM A1

Mark (X) income type code.

3402

- 1 ☐ ISS code 1 or 2 (SS or RR)
2 ☐ ISS code 25 (WIC) – SKIP to 14, page 30
3 ☐ ISS code 27 (Food Stamps) – SKIP to 12a, page 30
4 ☐ Other ISS codes – SKIP to Check Item A4

CHECK
ITEM A2

Refer to cc item 27.

Is . . . a designated parent, or guardian of children under age 18?

3404

- 1 ☐ Yes
2 ☐ No – SKIP to Check Item A3

2. During this 4-month period, were any separate payments from (Social Security/Railroad Retirement) received especially for the children?

3406

- 1 ☐ Yes
2 ☐ No – SKIP to Check Item A3

3. Did . . . also receive a separate payment for (himself/herself) during any of these months?

3408

- 1 ☐ Yes
2 ☐ No – SKIP to 10a

CHECK
ITEM A3

Is . . . married?

3410

- 1 ☐ Yes
2 ☐ No – SKIP to 5a

4. Did . . . receive Social Security (Railroad Retirement) jointly with . . . 's spouse?

3412

- 1 ☐ Yes
2 ☐ No – SKIP to 5a

CHECK
ITEM A4

Has information about the amount received by . . . from the income source entered in 1 already been recorded during an interview for . . . 's spouse?

3414

- 1 ☐ Yes – SKIP to next ISS Code or Check Item P1, page 45
2 ☐ No

5a. Did . . . receive any (Read name of income type) in (Read each month)?

NOTE – Some persons receive more than one payment per month for certain income types such as Unemployment Compensation and AFDC.

5b. How much did . . . receive in (Read each month marked "Yes" in 5a)? Please answer by giving the total amount each month before any deductions.

Last month

3416

- 1 ☐ Yes
2 ☐ No
x1 ☐ DK

3418

\$. 00
x1 ☐ DK
x2 ☐ Ref.

2 months ago

3420

- 1 ☐ Yes
2 ☐ No
x1 ☐ DK

3422

\$. 00
x1 ☐ DK
x2 ☐ Ref.

3 months ago

3424

- 1 ☐ Yes
2 ☐ No
x1 ☐ DK

3426

\$. 00
x1 ☐ DK
x2 ☐ Ref.

4 months ago

3428

- 1 ☐ Yes
2 ☐ No
x1 ☐ DK

3430

\$. 00
x1 ☐ DK
x2 ☐ Ref.

CHECK
ITEM A5

Mark (X) income type code.

3432

- 1 ☐ ISS code 1 or 2 – SKIP to Check Item A7
2 ☐ ISS code 8 or 20 through 24
3 ☐ All other income codes – SKIP to next ISS Code or Check Item P1, page 45

6a. Were all the people living here covered by . . . 's payments?

3434

- 1 ☐ Yes – SKIP to Check Item A6
2 ☐ No

NOTES

Section 3 – AMOUNTS (Continued)

Part A – GENERAL AMOUNTS (ISS Codes 1 – 56) (Continued)

6b. Which persons were covered?

Person No.

Name

3436

3438

3440

3442

3444

3446

3448

3450

3452

3454

**CHECK
ITEM A6**

Is this ISS code "8"?

3456

1 ☐ Yes

2 ☐ No — SKIP to next ISS Code or Check Item P1, page 45

7. Is ... required to fill out an annual income questionnaire for the Veterans Administration?

3460

1 ☐ Yes

2 ☐ No

x1 ☐ DK

SKIP to next ISS Code or Check Item P1, page 45

**CHECK
ITEM A7**

Was this ISS code marked for ... in cc item 45 last reference period?

3462

1 ☐ Yes — SKIP to Check Item A8

2 ☐ No

(SHOW FLASHCARD O)

8. Social Security (Railroad Retirement) sends out two types of checks. Please look at this card and tell me which color check ... receives?

3464

1 ☐ Green

2 ☐ Gold

3 ☐ Other

x1 ☐ DK

9. Do ...'s payments usually come on the first of the month or the third?

3466

1 ☐ First

2 ☐ Third

3 ☐ Other

x1 ☐ DK

**CHECK
ITEM A8**

Refer to item 2, page 28.

Were (Social Security/Railroad Retirement) payments received especially for the children?

3468

1 ☐ Yes

2 ☐ No — SKIP to next ISS Code or Check Item P1, page 45

10a. Were Social Security (Railroad Retirement) payments received for the children in (Read each month)?

Last month

3470

1 ☐ Yes

2 ☐ No

x1 ☐ DK

10b. If "Yes" in 10a — How much was received?

3472

\$

00

x1 ☐ DK

x2 ☐ Ref.

2 months ago

3474

1 ☐ Yes

2 ☐ No

x1 ☐ DK

3476

\$

00

x1 ☐ DK

x2 ☐ Ref.

3 months ago

3478

1 ☐ Yes

2 ☐ No

x1 ☐ DK

3480

\$

00

x1 ☐ DK

x2 ☐ Ref.

4 months ago

3482

1 ☐ Yes

2 ☐ No

x1 ☐ DK

3484

\$

00

x1 ☐ DK

x2 ☐ Ref.

VERIFY IF ONLY ONE CHILD OR ASK —

11a. Were all children living here covered by these payments?

3486

1 ☐ Yes — SKIP to next ISS Code or Check Item P1, page 45

2 ☐ No

Section 3 — AMOUNTS (Continued)

Part A — GENERAL AMOUNTS (ISS Codes 1 — 56) (Continued)

1b. Which children were covered?	Person No.	Name
	3488	
	3490	
	3492	
	3494	
	3496	
	3498	

SKIP to next ISS Code or Check Item P1, page 45

2a. Were all the people living here covered under ...'s food stamp allotment?	3500	1 <input type="checkbox"/> Yes — SKIP to 13a 2 <input type="checkbox"/> No
b. Which persons were covered?	Person No.	Name
	3502	
	3504	
	3506	
	3508	
	3510	
	3512	
	3514	
	3516	
	3518	
	3520	

3a. Did ... receive food stamps in (Read each month)?	13b. If "Yes" in 13a, ask — What was the total amount?						
	Last month	3522	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	3524	\$	00	x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
	2 months ago	3526	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	3528	\$	00	x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
	3 months ago	3530	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	3532	\$	00	x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
	4 months ago	3534	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	3536	\$	00	x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.

SKIP to next ISS Code or Check Item P1, page 45

14. Did ... receive any WIC vouchers in (Read each month)? Mark (X) all that apply.	3538	1 <input type="checkbox"/> Last month	} SKIP to next ISS Code or Check Item P1, page 45
	3540	2 <input type="checkbox"/> 2 months ago	
	3542	3 <input type="checkbox"/> 3 months ago	
	3544	4 <input type="checkbox"/> 4 months ago	

Section 3 – AMOUNTS

Part A – GENERAL AMOUNTS (ISS Codes 1 – 56)

1. You said . . . received (Read name of income type) **during the 4-month period.**

Income code

Name of income type

3600

**CHECK
ITEM A1**

Mark (X) income type code.

3602

- 1 ☐ ISS code 1 or 2 (SS or RR)
2 ☐ ISS code 25 (WIC) – SKIP to 14, page 33
3 ☐ ISS code 27 (Food Stamps) – SKIP to 12a, page 33
4 ☐ Other ISS codes – SKIP to Check Item A4

**CHECK
ITEM A2**

Refer to cc item 27.

Is . . . a designated parent, or guardian
of children under age 18?

3604

- 1 ☐ Yes
2 ☐ No – SKIP to Check Item A3

**2. During this 4-month period, were any separate
payments from (Social Security/Railroad
Retirement) received especially for the children?**

3606

- 1 ☐ Yes
2 ☐ No – SKIP to Check Item A3

**3. Did . . . also receive a separate payment for
(himself/herself) during any of these months?**

3608

- 1 ☐ Yes
2 ☐ No – SKIP to 10a

**CHECK
ITEM A3**

Is . . . married?

3610

- 1 ☐ Yes
2 ☐ No – SKIP to 5a

**4. Did . . . receive Social Security (Railroad
Retirement) jointly with . . . 's spouse?**

3612

- 1 ☐ Yes
2 ☐ No – SKIP to 5a

**CHECK
ITEM A4**

Has information about the amount received
by . . . from the income source entered in 1
already been recorded during an interview
for . . . 's spouse?

3614

- 1 ☐ Yes – SKIP to next ISS Code or Check Item
P1, page 45
2 ☐ No

5a. Did . . . receive any (Read name of income type) **in**
(Read each month)?

NOTE – Some persons receive more than one
payment per month for certain income types such
as Unemployment Compensation and AFDC.

5b. How much did . . . receive
in (Read each month marked
"Yes" in 5a)? **Please**
answer by giving the total
amount each month
before any deductions.

Last month

3616

- 1 ☐ Yes
2 ☐ No
x1 ☐ DK

3618

\$. 00
x1 ☐ DK
x2 ☐ Ref.

2 months ago

3620

- 1 ☐ Yes
2 ☐ No
x1 ☐ DK

3622

\$. 00
x1 ☐ DK
x2 ☐ Ref.

3 months ago

3624

- 1 ☐ Yes
2 ☐ No
x1 ☐ DK

3626

\$. 00
x1 ☐ DK
x2 ☐ Ref.

4 months ago

3628

- 1 ☐ Yes
2 ☐ No
x1 ☐ DK

3630

\$. 00
x1 ☐ DK
x2 ☐ Ref.

**CHECK
ITEM A5**

Mark (X) income type code.

3632

- 1 ☐ ISS code 1 or 2 – SKIP to Check Item A7
2 ☐ ISS code 8 or 20 through 24
3 ☐ All other income codes – SKIP to next ISS Code
or Check Item P1, page 45

**6a. Were all the people living here covered by . . . 's
payments?**

3634

- 1 ☐ Yes – SKIP to Check Item A6
2 ☐ No

NOTES

Section 3 – AMOUNTS (Continued)

Part A – GENERAL AMOUNTS (ISS Codes 1 – 56) (Continued)

6b. Which persons were covered?

Person No.	Name
3636	
3638	
3640	
3642	
3644	
3646	
3648	
3650	
3652	
3654	

CHECK ITEM A6

Is this ISS code "8"?

3656 1 ☐ Yes
2 ☐ No — SKIP to next ISS Code or Check Item P1, page 45

7. Is ... required to fill out an annual income questionnaire for the Veterans Administration?

3660 1 ☐ Yes
2 ☐ No
x1 ☐ DK } SKIP to next ISS Code or Check Item P1, page 45

CHECK ITEM A7

Was this ISS code marked for ... in cc item 45 last reference period?

3662 1 ☐ Yes — SKIP to Check Item A8
2 ☐ No

(SHOW FLASHCARD O)

8. Social Security (Railroad Retirement) sends out two types of checks. Please look at this card and tell me which color check ... receives?

3664 1 ☐ Green
2 ☐ Gold
3 ☐ Other
x1 ☐ DK

9. Do ...'s payments usually come on the first of the month or the third?

3666 1 ☐ First
2 ☐ Third
3 ☐ Other
x1 ☐ DK

CHECK ITEM A8

Refer to item 2, page 31.
Were (Social Security/Railroad Retirement) payments received especially for the children?

3668 1 ☐ Yes
2 ☐ No — SKIP to next ISS Code or Check Item P1, page 45

10a. Were Social Security (Railroad Retirement) payments received for the children in (Read each month)?

Last month

3670 1 ☐ Yes
2 ☐ No
x1 ☐ DK

2 months ago

3674 1 ☐ Yes
2 ☐ No
x1 ☐ DK

3 months ago

3678 1 ☐ Yes
2 ☐ No
x1 ☐ DK

4 months ago

3682 1 ☐ Yes
2 ☐ No
x1 ☐ DK

10b. If "Yes" in 10a — How much was received?

3672 \$. 00
x1 ☐ DK
x2 ☐ Ref.

3676 \$. 00
x1 ☐ DK
x2 ☐ Ref.

3680 \$. 00
x1 ☐ DK
x2 ☐ Ref.

3684 \$. 00
x1 ☐ DK
x2 ☐ Ref.

VERIFY IF ONLY ONE CHILD OR ASK —

1a. Were all children living here covered by these payments?

3686 1 ☐ Yes — SKIP to next ISS Code or Check Item P1, page 45
2 ☐ No

Section 3 – AMOUNTS (Continued)

Part A – GENERAL AMOUNTS (ISS Codes 1 – 56) (Continued)

11b. Which children were covered?

Person No.

Name

3688

3690

3692

3694

3696

3698

SKIP to next ISS Code or Check Item P1, page 45

12a. Were all the people living here covered under ...'s food stamp allotment?

3700

1 Yes – SKIP to 13a

2 No

b. Which persons were covered?

Person No.

Name

3702

3704

3706

3708

3710

3712

3714

3716

3718

3720

13a. Did ... receive food stamps in (Read each month)?

Last month

3722

1 Yes

2 No

x1 DK

13b. If "Yes" in 13a, ask – What was the total amount?

3724

\$

00

x1 DK

x2 Ref.

2 months ago

3726

1 Yes

2 No

x1 DK

3728

\$

00

x1 DK

x2 Ref.

3 months ago

3730

1 Yes

2 No

x1 DK

3732

\$

00

x1 DK

x2 Ref.

4 months ago

3734

1 Yes

2 No

x1 DK

3736

\$

00

x1 DK

x2 Ref.

SKIP to next ISS Code or Check Item P1, page 45

14. Did ... receive any WIC vouchers in (Read each month)?

Mark (X) all that apply.

3738

3740

3742

3744

1 Last month

2 2 months ago

3 3 months ago

4 4 months ago

SKIP to next ISS Code or Check Item P1, page 45

Section 3 – AMOUNTS

Part A – GENERAL AMOUNTS (ISS Codes 1 – 56)

1. You said . . . received (Read name of income type) during the 4-month period.

Income code

Name of income type

3800

**CHECK
ITEM A1**

Mark (X) income type code.

3802

- 1 ☐ ISS code 1 or 2 (SS or RR)
2 ☐ ISS code 25 (WIC) – SKIP to 14, page 36
3 ☐ ISS code 27 (Food Stamps) – SKIP to 12a, page 36
4 ☐ Other ISS codes – SKIP to Check Item A4

**CHECK
ITEM A2**

Refer to cc item 27.
Is . . . a designated parent, or guardian of children under age 18?

3804

- 1 ☐ Yes
2 ☐ No – SKIP to Check Item A3

2. During this 4-month period, were any separate payments from (Social Security/Railroad Retirement) received especially for the children?

3806

- 1 ☐ Yes
2 ☐ No – SKIP to Check Item A3

3. Did . . . also receive a separate payment for (himself/herself) during any of these months?

3808

- 1 ☐ Yes
2 ☐ No – SKIP to 10a

**CHECK
ITEM A3**

Is . . . married?

3810

- 1 ☐ Yes
2 ☐ No – SKIP to 5a

4. Did . . . receive Social Security (Railroad Retirement) jointly with . . . 's spouse?

3812

- 1 ☐ Yes
2 ☐ No – SKIP to 5a

**CHECK
ITEM A4**

Has information about the amount received by . . . from the income source entered in 1 already been recorded during an interview for . . . 's spouse?

3814

- 1 ☐ Yes – SKIP to next ISS Code or Check Item P1, page 45
2 ☐ No

5a. Did . . . receive any (Read name of income type) in (Read each month)?

NOTE – Some persons receive more than one payment per month for certain income types such as Unemployment Compensation and AFDC.

5b. How much did . . . receive in (Read each month marked "Yes" in 5a)? **Please answer by giving the total amount each month before any deductions.**

Last month

3816

- 1 ☐ Yes
2 ☐ No
x1 ☐ DK

3818

\$. 00
x1 ☐ DK
x2 ☐ Ref.

2 months ago

3820

- 1 ☐ Yes
2 ☐ No
x1 ☐ DK

3822

\$. 00
x1 ☐ DK
x2 ☐ Ref.

3 months ago

3824

- 1 ☐ Yes
2 ☐ No
x1 ☐ DK

3826

\$. 00
x1 ☐ DK
x2 ☐ Ref.

4 months ago

3828

- 1 ☐ Yes
2 ☐ No
x1 ☐ DK

3830

\$. 00
x1 ☐ DK
x2 ☐ Ref.

**CHECK
ITEM A5**

Mark (X) income type code.

3832

- 1 ☐ ISS code 1 or 2 – SKIP to Check Item A7
2 ☐ ISS code 8 or 20 through 24
3 ☐ All other income codes – SKIP to next ISS Code or Check Item P1, page 45

5a. Were all the people living here covered by . . . 's payments?

3834

- 1 ☐ Yes – SKIP to Check Item A6
2 ☐ No

OTES

Section 3 — AMOUNTS (Continued)

Part A — GENERAL AMOUNTS (ISS Codes 1 — 56) (Continued)

6b. Which persons were covered?

Person No.

Name

3836

3838

3840

3842

3844

3846

3848

3850

3852

3854

CHECK ITEM A6

Is this ISS code "8"?

3856

1 ☐ Yes

2 ☐ No — SKIP to next ISS Code or Check Item P1, page 45

7. Is ... required to fill out an annual income questionnaire for the Veterans Administration?

3860

1 ☐ Yes

2 ☐ No

x1 ☐ DK

SKIP to next ISS Code or Check Item P1, page 45

CHECK ITEM A7

Was this ISS code marked for ... in cc item 45 last reference period?

3862

1 ☐ Yes — SKIP to Check Item A8

2 ☐ No

(SHOW FLASHCARD O)

8. Social Security (Railroad Retirement) sends out two types of checks. Please look at this card and tell me which color check ... receives?

3864

1 ☐ Green

2 ☐ Gold

3 ☐ Other

x1 ☐ DK

9. Do ...'s payments usually come on the first of the month or the third?

3866

1 ☐ First

2 ☐ Third

3 ☐ Other

x1 ☐ DK

CHECK ITEM A8

Refer to item 2, page 34.
Were (Social Security/Railroad Retirement) payments received especially for the children?

3868

1 ☐ Yes

2 ☐ No — SKIP to next ISS Code or Check Item P1, page 45

10a. Were Social Security (Railroad Retirement) payments received for the children in (Read each month)?

Last month

3870

1 ☐ Yes

2 ☐ No

x1 ☐ DK

2 months ago

3874

1 ☐ Yes

2 ☐ No

x1 ☐ DK

3 months ago

3878

1 ☐ Yes

2 ☐ No

x1 ☐ DK

4 months ago

3882

1 ☐ Yes

2 ☐ No

x1 ☐ DK

10b. If "Yes" in 10a — How much was received?

3872

x1 ☐ DK

x2 ☐ Ref.

3876

x1 ☐ DK

x2 ☐ Ref.

3880

x1 ☐ DK

x2 ☐ Ref.

3884

x1 ☐ DK

x2 ☐ Ref.

11a. Were all children living here covered by these payments?

VERIFY IF ONLY ONE CHILD OR ASK —

3886

1 ☐ Yes — SKIP to next ISS Code or Check Item P1, page 45

2 ☐ No

Section 3 – AMOUNTS (Continued)

Part A – GENERAL AMOUNTS (ISS Codes 1 – 56) (Continued)

1b. Which children were covered?

	Person No.	Name
3888	<input type="text"/>	<input type="text"/>
3890	<input type="text"/>	<input type="text"/>
3892	<input type="text"/>	<input type="text"/>
3894	<input type="text"/>	<input type="text"/>
3896	<input type="text"/>	<input type="text"/>
3898	<input type="text"/>	<input type="text"/>

SKIP to next ISS Code or Check Item P1, page 45

2a. Were all the people living here covered under ...'s food stamp allotment?

3900	1 <input type="checkbox"/> Yes – SKIP to 13a
	2 <input type="checkbox"/> No

b. Which persons were covered?

	Person No.	Name
3902	<input type="text"/>	<input type="text"/>
3904	<input type="text"/>	<input type="text"/>
3906	<input type="text"/>	<input type="text"/>
3908	<input type="text"/>	<input type="text"/>
3910	<input type="text"/>	<input type="text"/>
3912	<input type="text"/>	<input type="text"/>
3914	<input type="text"/>	<input type="text"/>
3916	<input type="text"/>	<input type="text"/>
3918	<input type="text"/>	<input type="text"/>
3920	<input type="text"/>	<input type="text"/>

3a. Did ... receive food stamps in (Read each month)?

13b. If "Yes" in 13a, ask – What was the total amount?

Last month

3922	1 <input type="checkbox"/> Yes
	2 <input type="checkbox"/> No
	x1 <input type="checkbox"/> DK

3924	\$ <input type="text"/>	<input type="text"/>	00
	x1 <input type="checkbox"/> DK		
	x2 <input type="checkbox"/> Ref.		

2 months ago

3926	1 <input type="checkbox"/> Yes
	2 <input type="checkbox"/> No
	x1 <input type="checkbox"/> DK

3928	\$ <input type="text"/>	<input type="text"/>	00
	x1 <input type="checkbox"/> DK		
	x2 <input type="checkbox"/> Ref.		

3 months ago

3930	1 <input type="checkbox"/> Yes
	2 <input type="checkbox"/> No
	x1 <input type="checkbox"/> DK

3932	\$ <input type="text"/>	<input type="text"/>	00
	x1 <input type="checkbox"/> DK		
	x2 <input type="checkbox"/> Ref.		

4 months ago

3934	1 <input type="checkbox"/> Yes
	2 <input type="checkbox"/> No
	x1 <input type="checkbox"/> DK

3936	\$ <input type="text"/>	<input type="text"/>	00
	x1 <input type="checkbox"/> DK		
	x2 <input type="checkbox"/> Ref.		

SKIP to next ISS Code or Check Item P1, page 45

14. Did ... receive any WIC vouchers in (Read each month)?
Mark (X) all that apply.

3938	1 <input type="checkbox"/> Last month
3940	2 <input type="checkbox"/> 2 months ago
3942	3 <input type="checkbox"/> 3 months ago
3944	4 <input type="checkbox"/> 4 months ago

SKIP to next ISS Code or Check Item P1, page 45

Section 3 — AMOUNTS

Part A — GENERAL AMOUNTS (ISS Codes 1 — 56)

1. You said . . . received (Read name of income type) during the 4-month period.

Income code

Name of income type

4000

CHECK ITEM A1

Mark (X) income type code.

4002

- 1 ☐ ISS code 1 or 2 (SS or RR)
2 ☐ ISS code 25 (WIC) — SKIP to 14, page 39
3 ☐ ISS code 27 (Food Stamps) — SKIP to 12a, page 39
4 ☐ Other ISS codes — SKIP to Check Item A4

CHECK ITEM A2

Refer to cc item 27.

Is . . . a designated parent, or guardian of children under age 18?

4004

- 1 ☐ Yes
2 ☐ No — SKIP to Check Item A3

2. During this 4-month period, were any separate payments from (Social Security/Railroad Retirement) received especially for the children?

4006

- 1 ☐ Yes
2 ☐ No — SKIP to Check Item A3

3. Did . . . also receive a separate payment for (himself/herself) during any of these months?

4008

- 1 ☐ Yes
2 ☐ No — SKIP to 10a

CHECK ITEM A3

Is . . . married?

4010

- 1 ☐ Yes
2 ☐ No — SKIP to 5a

4. Did . . . receive Social Security (Railroad Retirement) jointly with . . . 's spouse?

4012

- 1 ☐ Yes
2 ☐ No — SKIP to 5a

CHECK ITEM A4

Has information about the amount received by . . . from the income source entered in 1 already been recorded during an interview for . . . 's spouse?

4014

- 1 ☐ Yes — SKIP to next ISS Code or Check Item P1, page 45
2 ☐ No

5a. Did . . . receive any (Read name of income type) in (Read each month)?

NOTE — Some persons receive more than one payment per month for certain income types such as Unemployment Compensation and AFDC.

5b. How much did . . . receive in (Read each month marked "Yes" in 5a)? **Please answer by giving the total amount each month before any deductions.**

Last month

4016

- 1 ☐ Yes
2 ☐ No
x1 ☐ DK

4018

\$. 00
x1 ☐ DK
x2 ☐ Ref.

2 months ago

4020

- 1 ☐ Yes
2 ☐ No
x1 ☐ DK

4022

\$. 00
x1 ☐ DK
x2 ☐ Ref.

3 months ago

4024

- 1 ☐ Yes
2 ☐ No
x1 ☐ DK

4026

\$. 00
x1 ☐ DK
x2 ☐ Ref.

4 months ago

4028

- 1 ☐ Yes
2 ☐ No
x1 ☐ DK

4030

\$. 00
x1 ☐ DK
x2 ☐ Ref.

CHECK ITEM A5

Mark (X) income type code.

4032

- 1 ☐ ISS code 1 or 2 — SKIP to Check Item A7
2 ☐ ISS code 8 or 20 through 24
3 ☐ All other income codes — SKIP to next ISS Code or Check Item P1, page 45

6a. Were all the people living here covered by . . . 's payments?

4034

- 1 ☐ Yes — SKIP to Check Item A6
2 ☐ No

NOTES

Section 3 — AMOUNTS (Continued)

Part A — GENERAL AMOUNTS (ISS Codes 1 — 56) (Continued)

6b. Which persons were covered?

Person No.	Name
4036	
4038	
4040	
4042	
4044	
4046	
4048	
4050	
4052	
4054	

CHECK
ITEM A6

Is this ISS code "8"?

4056 1 ☐ Yes
2 ☐ No — SKIP to next ISS Code or Check Item P1, page 45

7. Is ... required to fill out an annual income questionnaire for the Veterans Administration?

4060 1 ☐ Yes
2 ☐ No
x1 ☐ DK } SKIP to next ISS Code or Check Item P1, page 45

CHECK
ITEM A7

Was this ISS code marked for ... in cc item 45 last reference period?

4062 1 ☐ Yes — SKIP to Check Item A8
2 ☐ No

(SHOW FLASHCARD O)

8. Social Security (Railroad Retirement) sends out two types of checks. Please look at this card and tell me which color check ... receives?

4064 1 ☐ Green
2 ☐ Gold
3 ☐ Other
x1 ☐ DK

9. Do ...'s payments usually come on the first of the month or the third?

4066 1 ☐ First
2 ☐ Third
3 ☐ Other
x1 ☐ DK

CHECK
ITEM A8

Refer to item 2, page 37.
Were (Social Security/Railroad Retirement) payments received especially for the children?

4068 1 ☐ Yes
2 ☐ No — SKIP to next ISS Code or Check Item P1, page 45

0a. Were Social Security (Railroad Retirement) payments received for the children in (Read each month)?

Last month

4070 1 ☐ Yes
2 ☐ No
x1 ☐ DK

2 months ago

4074 1 ☐ Yes
2 ☐ No
x1 ☐ DK

3 months ago

4078 1 ☐ Yes
2 ☐ No
x1 ☐ DK

4 months ago

4082 1 ☐ Yes
2 ☐ No
x1 ☐ DK

10b. If "Yes" in 10a — How much was received?

4072 \$. 00
x1 ☐ DK
x2 ☐ Ref.

4076 \$. 00
x1 ☐ DK
x2 ☐ Ref.

4080 \$. 00
x1 ☐ DK
x2 ☐ Ref.

4084 \$. 00
x1 ☐ DK
x2 ☐ Ref.

VERIFY IF ONLY ONE CHILD OR ASK —

1a. Were all children living here covered by these payments?

4086 1 ☐ Yes — SKIP to next ISS Code or Check Item P1, page 45
2 ☐ No

Section 3 — AMOUNTS (Continued)

Part A — GENERAL AMOUNTS (ISS Codes 1 — 56) (Continued)

11b. Which children were covered?

	Person No.	Name
4088	<input type="text"/>	<input type="text"/>
4090	<input type="text"/>	<input type="text"/>
4092	<input type="text"/>	<input type="text"/>
4094	<input type="text"/>	<input type="text"/>
4096	<input type="text"/>	<input type="text"/>
4098	<input type="text"/>	<input type="text"/>

SKIP to next ISS Code or Check Item P1, page 45

12a. Were all the people living here covered under ...'s food stamp allotment?

4100 1 ☐ Yes — SKIP to 13a
2 ☐ No

b. Which persons were covered?

	Person No.	Name
4102	<input type="text"/>	<input type="text"/>
4104	<input type="text"/>	<input type="text"/>
4106	<input type="text"/>	<input type="text"/>
4108	<input type="text"/>	<input type="text"/>
4110	<input type="text"/>	<input type="text"/>
4112	<input type="text"/>	<input type="text"/>
4114	<input type="text"/>	<input type="text"/>
4116	<input type="text"/>	<input type="text"/>
4118	<input type="text"/>	<input type="text"/>
4120	<input type="text"/>	<input type="text"/>

13a. Did ... receive food stamps in (Read each month)?

Last month

4122 1 ☐ Yes
2 ☐ No
x1 ☐ DK

2 months ago

4126 1 ☐ Yes
2 ☐ No
x1 ☐ DK

3 months ago

4130 1 ☐ Yes
2 ☐ No
x1 ☐ DK

4 months ago

4134 1 ☐ Yes
2 ☐ No
x1 ☐ DK

13b. If "Yes" in 13a, ask — What was the total amount?

4124 \$ 00
x1 ☐ DK
x2 ☐ Ref.

4128 \$ 00
x1 ☐ DK
x2 ☐ Ref.

4132 \$ 00
x1 ☐ DK
x2 ☐ Ref.

4136 \$ 00
x1 ☐ DK
x2 ☐ Ref.

SKIP to next ISS Code or Check Item P1, page 45

14. Did ... receive any WIC vouchers in (Read each month)?
Mark (X) all that apply.

4138 1 ☐ Last month
4140 2 ☐ 2 months ago
4142 3 ☐ 3 months ago
4144 4 ☐ 4 months ago

SKIP to next ISS Code or Check Item P1, page 45

Section 3 — AMOUNTS (Continued)

Part B — SAVINGS ACCOUNTS, MONEY MARKET DEPOSIT ACCOUNTS, CERTIFICATES OF DEPOSIT, AND NOW ACCOUNTS (ISS Codes 100, 101, 102 and 103)

CHECK
ITEM A9

Asset types owned.
Mark (X) all that apply.

4300

1 ☐ ISS Code 100 — Regular/Passbook Savings Accounts

4302

2 ☐ ISS Code 101 — Money Market Deposit Accounts

4304

3 ☐ ISS Code 102 — Certificates of Deposit or other Savings Certificates

4306

4 ☐ ISS Code 103 — NOW, Super NOW or other interest-earning checking accounts

1. Earlier you said that . . . had (Read names of owned assets).

CHECK
ITEM A10

Interview status of . . . 's spouse.

4308

1 ☐ No spouse in household — SKIP to 3b

2 ☐ Interview for spouse not yet conducted

3 ☐ Interview for spouse already conducted — SKIP to 3a

2a. Did . . . own any of these jointly with . . . 's (husband/wife)?

4310

1 ☐ Yes

2 ☐ No — SKIP to 3b

b. What is your best estimate of the total amount of interest earned on these jointly held (Read asset types) during the 4-month period?

4312

\$. 00 — SKIP to 3a

x1 ☐ DK

x2 ☐ Ref. — SKIP to next ISS Code or Check Item P1, page 45

c. What is your best estimate of the average amount that . . . and . . . 's (husband/wife) had in these jointly held (Read asset types) during the 4-month period? ★

4314

\$. 00 — SKIP to 3a

x1 ☐ DK

x2 ☐ Ref. — SKIP to next ISS Code or Check Item P1, page 45

d. If I were to call back later would you be able to provide me with an estimate of the average amount? (This information is especially important for the purposes of this survey.)

4316

1 ☐ Yes — Mark Callback Summary and Reminder Card, Item 5

2 ☐ No

3a. Besides any (Read asset types) owned jointly with . . . 's (husband/wife), did . . . have any other (Read asset types)?

4318

1 ☐ Yes

2 ☐ No — SKIP to next ISS Code or Check Item P1, page 45

b. What is your best estimate of the total amount of interest . . . earned on these (Read asset types) during the 4-month period?

4320

\$. 00 — SKIP to next ISS Code or Check Item P1, page 45

x1 ☐ DK

x2 ☐ Ref. — SKIP to next ISS Code or Check Item P1, page 45

c. What is your best estimate of the average amount that . . . had in these (Read asset types) during the 4-month period? ★

4322

\$. 00 — SKIP to next ISS Code or Check Item P1, page 45

x1 ☐ DK

x2 ☐ Ref. — SKIP to next ISS Code or Check Item P1, page 45

d. If I were to call back later would you be able to provide me with an estimate of the average amount? (This information is especially important for the purposes of this survey.)

4324

1 ☐ Yes — Mark Callback Summary and Reminder Card, Item 6

2 ☐ No

} SKIP to next ISS Code or Check Item P1, page 45

NOTES

Section 3 — AMOUNTS (Continued)

Part C — OTHER INTEREST-EARNING ASSETS (ISS Codes 104, 105, 106 and 107)

CHECK ITEM A11

Asset types owned.
Mark (X) all that apply.

4400

1 ☐ ISS Code 104 — Money market funds

4402

2 ☐ ISS Code 105 — U.S. Government securities

4404

3 ☐ ISS Code 106 — Municipal or corporate bonds

4406

4 ☐ ISS Code 107 — Other interest-earning assets — Specify _____

1. Earlier you said that . . . owned (Read names of owned assets).

CHECK ITEM A12

Interview status of . . . 's spouse.

4408

1 ☐ No spouse in household — SKIP to 3b

2 ☐ Interview for spouse not yet conducted

3 ☐ Interview for spouse already conducted — SKIP to 3a

2a. Did . . . own any of these jointly with . . . 's (husband/wife)?

4410

1 ☐ Yes

2 ☐ No — SKIP to 3b

b. What is your best estimate of the total amount of interest earned on these jointly held (Read asset types) during the 4-month period?

4412

\$ _____ . 00 — SKIP to 3a

x1 ☐ DK

x2 ☐ Ref. — SKIP to next ISS Code or Check Item P1, page 45

c. What is your best estimate of the average amount that . . . and . . . 's (husband/wife) had in these jointly held (Read asset types) during the 4-month period?

4414

\$ _____ . 00 — SKIP to 3a

x1 ☐ DK

x2 ☐ Ref. — SKIP to next ISS Code or Check Item P1, page 45

d. If I were to call back later would you be able to provide me with an estimate of the average amount? (This information is especially important for the purposes of this survey.)

4416

1 ☐ Yes — Mark Callback Summary and Reminder Card, Item 7

2 ☐ No

3a. Besides any (Read asset types) owned jointly with . . . 's (husband/wife), did . . . own any other (Read asset types)?

4418

1 ☐ Yes

2 ☐ No — SKIP to next ISS Code or Check Item P1, page 45

b. What is your best estimate of the total amount of interest . . . earned on these (Read asset types) during the 4-month period?

4420

\$ _____ . 00 — SKIP to next ISS Code or Check Item P1, page 45

x1 ☐ DK

x2 ☐ Ref. — SKIP to next ISS Code or Check Item P1, page 45

c. What is your best estimate of the average amount that . . . had in these (Read asset types) during the 4-month period?

4422

\$ _____ . 00 — SKIP to next ISS Code or Check Item P1, page 45

x1 ☐ DK

x2 ☐ Ref. — SKIP to next ISS Code or Check Item P1, page 45

d. If I were to call back later would you be able to provide me with an estimate of the average amount? (This information is especially important for the purposes of this survey.)

4424

1 ☐ Yes — Mark Callback Summary and Reminder Card, Item 8

2 ☐ No

SKIP to next ISS Code or Check Item P1, page 45

NOTES

Section 3 – AMOUNTS (Continued)

Part D – STOCKS AND MUTUAL FUND SHARES (ISS Code 110)

a. Earlier you told me that . . . owned stocks or mutual fund shares. Did . . . receive any dividend checks during these 4 months? (Include checks made out jointly to . . . and . . . 's spouse.)

4500

- 1 ☐ Yes
2 ☐ No
x1 ☐ DK } SKIP to 3a

CHECK
ITEM A13

Interview status of . . . 's spouse.

4502

- 1 ☐ No spouse in household – SKIP to 2a
2 ☐ Interview for spouse not yet conducted
3 ☐ Interview for spouse already conducted – SKIP to 2a

b. During the past 4 months how much was received in dividend checks made out jointly to . . . and . . . 's (husband/wife)?

4504

\$. 00 – SKIP to 2a

- x3 ☐ None – SKIP to 2a
x1 ☐ DK
x2 ☐ Ref. – SKIP to next ISS Code or Check Item P1, page 45

c. If I were to call back later would you be able to provide me with an estimate? (This information is especially important for the purposes of this survey.)

4506

- 1 ☐ Yes – Mark Callback Summary and Reminder Card, Item 9
2 ☐ No

a. During this 4-month period, how much did . . . receive in dividend checks (in . . . 's name only)?

4508

\$. 00 – SKIP to 3a

- x3 ☐ None – SKIP to 3a
x1 ☐ DK
x2 ☐ Ref. – SKIP to next ISS Code or Check Item P1, page 45

b. If I were to call back later would you be able to provide me with an estimate? (This information is especially important for the purposes of this survey.)

4510

- 1 ☐ Yes – Mark Callback Summary and Reminder Card, Item 10
2 ☐ No

a. (Besides the money that . . . received in dividends) did . . . earn any (other) dividends that were credited against a margin account or automatically reinvested in additional shares of stock?

4512

- 1 ☐ Yes
2 ☐ No
x1 ☐ DK } SKIP to next ISS Code or Check Item P1, page 45

CHECK
ITEM A14

Interview status of . . . 's spouse.

4514

- 1 ☐ No spouse in household – SKIP to 3c
2 ☐ Interview for spouse not yet conducted
3 ☐ Interview for spouse already conducted – SKIP to 3c

b. During the 4-month period how much of these kinds of dividends did . . . earn jointly with . . . 's (husband/wife)?

4516

\$. 00

- x3 ☐ None
x1 ☐ DK
x2 ☐ Ref. – SKIP to next ISS Code or Check Item P1, page 45

c. During the 4-month period, how much of these kinds of dividends did . . . earn (in . . . 's name only)?

4518

\$. 00

- x3 ☐ None
x1 ☐ DK
x2 ☐ Ref.

SKIP to next ISS Code or Check Item P1, page 45

OTES

Section 3 — AMOUNTS (Continued)

Part E — RENTAL INCOME (ISS Code 120)

1. Earlier you told me that . . . owned some rental property.

**CHECK
ITEM A15**

Interview status of . . . 's spouse.

4600

- 1 ☐ No spouse in household — *SKIP to 3a*
2 ☐ Interview for spouse not yet conducted
3 ☐ Interview for spouse already conducted — *SKIP to 3a*

2a. Did . . . receive any rental income from property owned jointly by . . . and . . . 's (husband/wife)?

Include only property owned entirely by couple.

4602

- 1 ☐ Yes
2 ☐ No — *SKIP to 3a*

b. About how much was received in gross rent from this property during the 4-month period?

4604

\$. 00

- x1 ☐ DK
x2 ☐ Ref. — *SKIP to next ISS Code or Check Item P1, page 45*

c. What is your best estimate of the amount that was cleared after expenses?

Enter \$1 in amount box if respondent reports "broke even."

4606

\$. 00

- x1 ☐ DK
x2 ☐ Ref. — *SKIP to next ISS Code or Check Item P1, page 45*

4608

- x4 ☐ Lost money — Enter amount of loss in box

3a. Did . . . receive rental income from property owned entirely in . . . 's own name?

4610

- 1 ☐ Yes
2 ☐ No — *SKIP to 4a*

b. About how much was received in gross rent from this property during the 4-month period?

4612

\$. 00

- x1 ☐ DK
x2 ☐ Ref. — *SKIP to next ISS Code or Check Item P1, page 45*

c. What is your best estimate of the amount that was cleared after expenses?

Enter \$1 in amount box if respondent reports "broke even."

4614

\$. 00

- x1 ☐ DK
x2 ☐ Ref. — *SKIP to next ISS Code or Check Item P1, page 45*

4616

- x4 ☐ Lost money — Enter amount of loss in box

4a. Did . . . receive any rental income from property owned jointly with others? (Not including property owned entirely by . . . and . . . 's spouse.)

4618

- 1 ☐ Yes
2 ☐ No — *SKIP to next ISS code or Check Item P1, page 45*

b. What is your best estimate of . . . 's share of the amount cleared on this property during the last 4 months?

Enter \$1 in amount box if respondent reports "broke even."

4620

\$. 00

- x1 ☐ DK
x2 ☐ Ref.

4622

- x4 ☐ Lost money — Enter amount of loss in box

*SKIP to next
ISS Code or
Check Item
P1, page 45*

NOTES

Section 3 – AMOUNTS (Continued)

Part F – MORTGAGES, ROYALTIES AND OTHER FINANCIAL INVESTMENTS (ISS Codes 130, 140, and 150)

CHECK ITEM A16

Asset types owned.
Mark (X) all that apply.

4700

1 ☐ ISS Code 130 – Mortgages

4702

2 ☐ ISS Code 140 – Royalties

4704

3 ☐ ISS Code 150 – Other financial investments

CHECK ITEM A17

Is ISS Code 130 marked in Check
Item A16?

4706

1 ☐ Yes

2 ☐ No – SKIP to 3

CHECK ITEM A18

Interview status of ...'s spouse.

4708

1 ☐ No spouse in household – SKIP to 2b

2 ☐ Interview for spouse not yet conducted

3 ☐ Interview for spouse already conducted – SKIP
to 2a

a. Earlier you said ... held a mortgage. Did ... own
this jointly with ...'s spouse?

4710

1 ☐ Yes

2 ☐ No – SKIP to 2b

b. During the past 4 months how much interest was
paid to ... and ...'s spouse by the borrower?

4712

\$. 00

x3 ☐ None

x1 ☐ DK

x2 ☐ Ref.

a. (Besides these jointly held mortgages) did ... hold
any mortgages in ...'s own name?

4714

1 ☐ Yes

2 ☐ No – SKIP to Check Item A19

b. (Earlier you said that ... held a mortgage.) During
the past 4 months how much interest was paid to
... by the borrower?

4716

\$. 00

x3 ☐ None

x1 ☐ DK

x2 ☐ Ref.

CHECK ITEM A19

Is ISS Code 140 or 150 marked in
Check Item A16?

4718

1 ☐ Yes

2 ☐ No – SKIP to Check Item P1

3. Earlier you said ... had (Read asset types). During
the past 4 months, how much income did ...
receive from these (Read asset types)?

4720

\$. 00

x3 ☐ None

x1 ☐ DK

x2 ☐ Ref.

4722

x4 ☐ Lost money – Enter amount of loss in box

If income was shared, count only ...'s share.

OTES

Section 4 — PROGRAM QUESTIONS

CHECK ITEM P1

Is this the reference person's
questionnaire?

4800

- 1 ☐ Yes
2 ☐ No — SKIP to section 5, page 46

1 a. The government has an energy assistance program which helps pay heating and cooling costs. This assistance can be received by the household or it can be paid directly to the electric or gas company, fuel dealer, or landlord. Has this household received assistance of this type during the past 4 months?

4816

- 1 ☐ Yes
2 ☐ No
x1 ☐ DK } SKIP to Check Item P2

b. Was this assistance received in the form of checks, coupons or vouchers sent to this household or were the payments sent directly to a utility company, fuel dealer, or landlord?

4818

- 1 ☐ Checks sent to household
2 ☐ Coupons or vouchers sent to household
3 ☐ Payments sent directly to utility company, fuel dealer, or landlord

4820

4822

Mark (X) all that apply.

c. What was the total amount of the energy assistance received by this household during the past 4 months?

4824

\$. 00

x1 ☐ DK

CHECK ITEM P2

Are there any children 5 to 18 who
live in the household?

4826

- 1 ☐ Yes
2 ☐ No — SKIP to section 5, page 46

2 a. Do any of the children in this household usually eat a complete hot lunch offered at school?

4828

- 1 ☐ Yes
2 ☐ No — SKIP to section 5, page 46

b. How many children?

4830

Children

c. Do any of the children receive free or reduced-price lunches this school year because they qualified for the Federal School Lunch Program?

4832

- 1 ☐ Yes
2 ☐ No — SKIP to 2f

d. How many children?

4834

Children

e. Are the lunches free or are they reduced-price?

4836

- 1 ☐ Free
2 ☐ Reduced-price

4838

Mark (X) all that apply.

f. Do any of the children receive free or reduced-price school breakfasts this school year?

4840

- 1 ☐ Yes
2 ☐ No — SKIP to section 5, page 46

g. How many children?

4842

Children

h. Are the breakfasts free or are they reduced-price?

4844

- 1 ☐ Free
2 ☐ Reduced-price

4846

Mark (X) all that apply.

GO to section 5, part A, page 46

NOTES